

Case Number:	CM14-0196195		
Date Assigned:	12/04/2014	Date of Injury:	09/20/2013
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractor (DC), has a subspecialty in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female with a date of injury of 09/20/2013. According to the progress report dated 10/16/2014, the patient complained of chronic neck and lower back pain. The patient continued to have significant right-sided shoulder and wrist pain with decreased range of motion and weakness. Significant objective findings include spasm, tenderness, and guarding over the paravertebral musculature of the cervical and lumbar spine with decreased range of motion on flexion and extension. Hawkins sign and impingement test was positive in the right shoulder. Phalen and reverse Phalen's sign was positive in the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2 times a week for 6 weeks to lumbar, right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The provider stated that the patient had reduction

in her pain and increase in functional abilities with previous acupuncture sessions. The number of acupuncture sessions received was unknown. Based on the lack of documentation of objective functional improvement from prior acupuncture care, the provider's request for 12 additional acupuncture sessions is not medically necessary.