

Case Number:	CM14-0206086		
Date Assigned:	12/18/2014	Date of Injury:	05/29/2013
Decision Date:	02/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 licensed 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:

Claimant is a 50 year old male who sustained a work related injury on 5/29/2013. Per a PR-2 dated 5/6/2014, the claimant states that he has been treated by [REDACTED] and did not improve. He still has pain in his mid back, low back, right knee, right shoulder, right elbow that is worse with pushing, pulling, reaching, standing, sitting, and lifting. He gets spasms and swelling. He fell twice because of the pains. Physical examination finds tenderness to the right subacromial bursa, right medial epicondyle, spinal segments, right medial lateral joint line of the knee, with equivocal McMurrays test and decreased range of motion. His diagnoses are lumbar spine sprain/strain, cervical spine sprain/strain, right knee strain/sprain, and right shoulder sprain/strian. He is not working. Per a prior review, the claimant has had prior acupuncture with no functional improvement. According to the review, the claimant was evaluated on 9/23/2014 with complaints of low back pain that radiated to his lower extremities, right shoulder pain to the right fingers, neck pain, and difficulty reaching above his head. Acupuncture is being requested. Other prior treatment has included chiropractic, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized with no documented improvement. Since the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.