

Case Number:	CM15-0100149		
Date Assigned:	06/02/2015	Date of Injury:	08/12/2014
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Oriental Medicine

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 injured worker is a 57 year old female who sustained an industrial injury on 08/12/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture (x 24), physical therapy, medications, TENS unit, and home exercise program. Diagnostic studies include MRIs of the cervical spine and right shoulder on 01/27/15. Current complaints include pain in the bilateral hands, wrists, fingers, and right shoulder. Current diagnoses include cervical spine sprain/strain, right shoulder impingement syndrome, bilateral trapezial myofascitis, bilateral wrist medial neuritis, left hand flexor tenosynovitis, stress, anxiety, depression, sleep disturbance, and left thumb trigger thumb. In a progress note dated 04/30/15 the treating provider reports the plan of care as medications, and additional acupuncture. The requested treatments include is additional acupuncture to the bilateral wrists and hands. The injured worker has received an unknown number of acupuncture treatments since at least 12/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that patient underwent 24 prior acupuncture sessions which reported as beneficial, patient continues symptomatic, and no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines MTUS. Also, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x 12 is not medical necessary.