

Case Number:	CM14-0100594		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2009
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Acupuncture and Chiropractic 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 female who sustained a work related injury on 4/1/2010. She is off duty for the summer and will return to work 8/11/14. She has had 12 acupuncture sessions and was released from care. She found the sessions to be beneficial. She is returning for a follow up for her wrist, elbow, and shoulder. Her diagnosis is sprain/strain of the right wrist. Per an acupuncture report dated 7/8/2014, she is doing overall better with most symptoms in her right anterior shoulder with occasionally stiffness with ROM (range of motion). Her right wrist symptoms are much improved. Other prior treatment includes oral medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, right wrist, QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had twelve sessions of acupuncture with reported subjective benefit. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. There are also no functional deficits defined to address with further acupuncture. Therefore further acupuncture treatment for the right wrist, quantity 6 is not medically necessary.