

Case Number:	CM14-0123559		
Date Assigned:	09/16/2014	Date of Injury:	10/15/2012
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/05/2014

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 Acupuncture and is licensed to practice in New York and Connecticut. 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:

According to the records made available for review, this is a 50 year old female patient with a 10/15/12 date of injury with subsequent loss of work and on temporary/total disability. Patient has a diagnosis of right neck/shoulder pain, right wrist pain, right cubital/syndrome, right radial syndrome and right elbow pain. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, 2 times per week for 6 weeks there is documentation of main subjective pain complaints of pain on the above body regions, with objective positive findings. She is status post right shoulder surgery. She continues to take oral medication and anti-inflammatory lotion. She had 30 prior sessions of acupuncture without documentation of objective findings relative to an acupuncture perspective and without any documentation of functional/objective improvement. There are no acupuncture notes/reports in this file.

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 times 6 weeks (2x6) quantity 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines indicate acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement which was absent in this file. There is no documentation of functional/objective improvement from the patient's prior 30 sessions. In addition, the maximum amount of recommended acupuncture based on the MTUS Guidelines is 14 sessions, which patient has already exceeded. Therefore the request for 12 sessions of continued acupuncture is not medically necessary and appropriate.