

Case Number:	CM14-0140681		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 45 year old male who sustained a work related on 4/17/2014. Prior treatment includes injection, physical therapy, medication, acupuncture, and chiropractic. Per a PR-2 dated 7/29/2014, the claimant states that his pain is well controlled with medication. He states that therapy and acupuncture helps his pain temporarily. His diagnoses are bilateral shoulder sprain/strain with clinical impingement, left upper extremity neuropathy, left thumb laceration, left medial and lateral epicondylitis, left elbow sprain/strain, left wrist strain/sprain, distal flexor pollicis longus tendinosis or partial tear on the left, 1st interphalangeal joint ulnar collateral ligament partial tear on left, and osteoarthritis. He is on modified duty. A report on 8/6/14 is mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Acupuncture sessions, 2 times 6: 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 of unknown quantity and duration and had temporary relief. However, the provider fails to document any objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.