

Case Number:	CM14-0145304		
Date Assigned:	09/12/2014	Date of Injury:	02/20/1990
Decision Date:	11/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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 a licensed Chiropractor & Acupuncturist, 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 55 year old female who sustained a work related injury on 2/20/10. Six visits were authorized on 6/8/14. Prior treatment has included physical therapy, injections, biofeedback, carpal tunnel surgeries, medications, and acupuncture. Per a PR-2 dated 8/4/2014, the claimant has intermittent pain in the right arm, right hand, left arm, and neck pain. She says that acupuncture is working and would like more. She is working without restrictions. Her diagnoses are right ulnar nerve entrapment at the elbow, bilateral carpal tunnel syndrome, bilateral shoulder joint pain, chronic migraine, neck pain, repetitive strain injury, bilateral elbow joint pain, right carpal tunnel syndrome, and right medial epicondylitis. Per an acupuncture note dated 8/2/14, the claimant has neck, shoulder, wrist, low back, and leg pain. The provider also states that "all body has throbbing pain and symptom mild improved," pain 6-7/10, and ROM limited. The provider reports improved pain from 7/10 on the first visit on 7/19/14 and improved range of motion but with no range of motion listed as initial and only a final range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (unknown body part/frequency): 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 with mild subjective benefits. Her pain levels did not change significantly and initial range of motion was not submitted to compare with post treatment. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.