

Case Number:	CM14-0149377		
Date Assigned:	09/18/2014	Date of Injury:	05/05/2013
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 51 year old female who sustained a work related injury on 5/5/2013. Prior treatment includes modified duties, shockwave treatment, chiropractic physical therapy, and acupuncture. Per an agreed medical examination on 3/14/2014, the claimant received acupuncture twice a week for 6-7 visits. She felt that the acupuncture helped her. Then it was reduced to once a week in February 2014. She has been attending acupuncture once a week. She has had further acupuncture on at least the following dates: 5/8/14, 5/5/14, 4/30/14, 3/26/14, 3/20/14, and 2/27/14. Per a Pr-2 dated 8/22/2014, the claimant has burning neck pain radiating to left arm and shoulder. She also has bilateral hand and left middle finger pain. Her diagnoses are cervicalgia, cervical radiculopathy, bilateral shoulder strain/sprain, and rule out bilateral shoulder internal derangement, bilateral hand pain, left middle finger crush injury, stress disorder, anxiety disorder, mood disorder, sleep disorder, and psychosocial dysfunction. The claimant's condition has worsened since her last visit. The claimant is to continue with a course of acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visits: 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 with vague subjective improvement. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also it is unclear how many total visits of acupuncture have been rendered and the time frame of those visits. Therefore further Acupuncture is not medically necessary.