

Case Number:	CM14-0186065		
Date Assigned:	11/13/2014	Date of Injury:	09/29/2011
Decision Date:	12/22/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 Chiropractic & 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:

This claimant is a 36 year old male who sustained a work related injury on 9/29/2011. Per a PR-2 dated 8/27/2014, the claimant is doing about the same as his last visit. The claimant's pain is aggravated when he drives, lifts, turns over in bed, is at work, and constant pain when driving, dressing, reaching grabbing and turning over in bed. He states his pain is relieved when he gets adjusted, uses ice, uses NSAIDs, and acupuncture. The claimant said that he has been doing all the exercises he is supposed to do most of the time. His diagnoses is ulnar nerve paralysis. He is not working. Per an appeal dated 10/17/2014, the claimant has had symptom relief with chiropractic in conjunction with acupuncture treatment. Per a prior UR review dated 10/24/2014, the claimant has had chiropractic, acupuncture, occupational therapy, physical therapy, and medications. The review also stated that the provider agreed that the claimant is not making sufficient functional gains to warrant further Chiropractic and Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x wk x 4 wks for the left elbow: 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 with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.