

Case Number:	CM14-0086293		
Date Assigned:	07/25/2014	Date of Injury:	01/13/2014
Decision Date:	11/21/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

The patient is a 27-year-old female with a date of injury of 1/13/2014. According to the doctors first report dated 5/13/2014, the patient complained of left shoulder pain, left elbow pain, and left waist stiffness. Significant objective findings include positive Phalen's test, positive Apley's scratch test, positive Speed's test, positive Soto Hall test, and positive Maximum Foraminal Compression test. The patient was diagnosed with herniated nucleus pulposus cervical spine, elbow derangement, radiculopathy, and shoulder derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends a trial of 3-6-acupuncture session with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient was authorized 6 out of the 12-requested acupuncture session. There is no record of the outcome of such visits. Based on the lack of

documentation of functional improvement, additional acupuncture session beyond the 6 initial visits is not medically necessary at this time. Therefore, the provider's request for 6 acupuncture sessions is not medically necessary.