

Case Number:	CM14-0097974		
Date Assigned:	07/28/2014	Date of Injury:	10/02/2013
Decision Date:	09/22/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 injured worker is a female employee who has filed an industrial claim for right upper extremity injury that occurred on 10/03/13. Mechanism of injury is repetitive in nature, but unspecified in the records reviewed. Currently the patient complains of continual bilateral neck and back pain radiating to upper and lower extremities. On 6/11/14, the treating physician requested an additional six sessions of acupuncture to treat her pain and to reduce some of her symptoms. The injured worker has received prior acupuncture care and was doing well, but reported on 6/09/14 experienced a flare-up to her condition. The injured worker reports her pain increased with slight numbness and tingling in her fingers of her right upper extremity. Her recent diagnosis is right upper extremity repetitive strain injury and tendinitis. The injured worker is working at full capacity. Her treatment to date includes, but is not limited to, X-rays, acupuncture, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 6/16/14, the UR determination did not approve the six sessions of acupuncture in light "functional improvement", as defined by MTUS. Although the records state the patient achieved relief with pain with past treatments, the records lack clinically significant deficits of this "flare-up". Furthermore, there is no documentation to suggest the injured worker cannot perform activities of daily living or prevent her from performing her normal job duties to warrant this request. Therefore, the advisor did not certify the additional six sessions of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The injured worker received an initial round of acupuncture care of at least six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the injured worker's daily living or a reduction in work restrictions. To note, the injured worker is back to work at full capacity. Based on the lack of functional improvement, as defined by MTUS, the request is not medically necessary.