

Case Number:	CM14-0202572		
Date Assigned:	12/15/2014	Date of Injury:	04/20/2013
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 is a 48 y/o female patient with pain complains of her right shoulder-elbow, neck and lower back. Diagnoses included cervical disc syndrome, lumbar facet syndrome, right shoulder rotator cuff syndrome, right carpal tunnel release. Previous treatments included: surgery (shoulder arthroscopy), cortisone injections, oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions or gains) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made by the PTP. The requested care was denied on 11-03-14 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right upper extremities only three times a week for four weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "If functional improvement is documented as either a

clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no evidence of any significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture times 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture times 12 are not supported for medical necessity.