

Case Number:	CM15-0064394		
Date Assigned:	04/15/2015	Date of Injury:	03/06/2009
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 59 year old female who sustained a work related injury March 6, 2009. According to a primary treating physician's progress report, dated December 29, 2014, the injured worker presented complaining of distal joint pain, both wrists, left knee pain, stiff neck, and pain in the shoulder and low back. Past history included rheumatoid arthritis. Diagnoses are multiple joint arthritis; cervicgia; low back pain. Treatment plan included request for authorization for acupuncture treatment 1 x 6. Per a report dated 1/16/15, the claimant has rheumatoid arthritis with multiple distal joint pain. Per an acupuncturist report dated 3/3/15, the claimant complains of multiple distal joint pain. Per a PR-2 dated 2/5/13, the claimant reported right wrist benefit after undergoing 12 sessions of acupuncture therapy. She had been able to work and was able to avoid taking medication for pain management and wanted to proceed with cortisone injections. Per a PR-2 dated 6/20/2012, the claimant has completed 5 sessions of acupuncture with reported decreased pain and increased ADLs. She was able to sleep better at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, six sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 extensive acupuncture since 2012 with initial benefit. However, the claimant had recent acupuncture visits in 2015 with no reported benefit. Since the provider fails to document objective functional improvement associated with recent acupuncture treatment, further acupuncture is not medically necessary.