

Case Number:	CM15-0066407		
Date Assigned:	04/14/2015	Date of Injury:	10/05/2011
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 54 year old female, who sustained an industrial injury on October 5, 2011. The injured worker was diagnosed as having pain in the joint involving the forearm, carpal tunnel syndrome, tear of medial cartilage or meniscus of knee, and depressive disorder. Treatment to date has included electromyography, MRIs, acupuncture, and medication. Currently, the injured worker complains of bilateral arm, hands, wrists, and knee pain with insomnia and fatigue. The Primary Treating Physician's report dated March 5, 2015, noted the lumbar spine with decreased range of motion (ROM). The handwritten physician's note contained illegible documentation. The treatment plan included requests for authorization for a psychological pain consultation, chiropractic treatments, acupuncture, urinalysis for toxicology, skin specialist referral, and continued prescribed and topical compound cream medications. Claimant had at least three acupuncture visits in 2014 and two in 3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy 1 Time A Week for 4 Weeks: 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 of unknown quantity and duration. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.