

Case Number:	CM15-0079123		
Date Assigned:	04/30/2015	Date of Injury:	04/21/2006
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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 62 year old male, who sustained an industrial injury on April 21, 2006. He was diagnosed with cervical disc disease and cervical sprain, right wrist tendonitis, right lateral epicondylitis and carpal tunnel syndrome. Treatment included acupuncture, muscle relaxants, and pain medications. Currently, the injured worker complained of neck pain, wrist and hand pain aggravated by activities. The treatment plan that was requested for authorization included additional acupuncture with infrared and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional electro-acupuncture with infrared and myofascial release 6 visits over 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 (reported as beneficial in reducing symptoms), no documentation of any significant, objective functional improvement (quantifiable response to treatment) specifically obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating with specifics medication intake reduction, work restrictions reduction, activities of daily living improvement, the additional acupuncture x 6 does not meet the guidelines criteria for medical necessity.