

Case Number:	CM13-0026846		
Date Assigned:	03/19/2014	Date of Injury:	07/10/2012
Decision Date:	04/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

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 & Chiropractic 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:

Claimant is a 58 year old female who sustained a work related injury on 7/10/12. Her diagnoses are nasal septum fracture, cervicalgia, post traumatic headaches, lumbar and cervical myalgia/myositis, cervical and lumbar muscle spasm, lumbar intervertebral disc myelopathy, and thoracalgia. Prior treatment includes epidural injections, acupuncture, chiropractic, physical therapy, psychotherapy, and oral medications. The current request is for 12 sessions of acupuncture for the right ankle. Per a Pr-2 dated 8/21/2013, the right ankle remains unchanged with pain rated a 5/10. The pain is described as aching, sharp, stabbing, and deep, and occurs most often after light physical activities and is radiating into the right calf. The pain is reduced by medication, stretching and resting. Walking upstairs, weight bearing, ADLS, and rotating the ankle cause it to be worse. Twisting movements hurt when weight bearing. She feels like it could go out from her occasionally. She also has stiffness, swelling, and weakness. According to a prior review dated 8/30/2012, the claimant has had 43 sessions of acupuncture from 1/11/2013 to 7/15/2013. There is no further documentation of prior sessions or of associated functional improvement submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE X12 SESSIONS WITH CUPPING, TWICE A WEEK FOR 6 WEEKS, TO THE RIGHT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had extensive acupuncture treatment provided in a short amount of time. However the provider failed to document functional improvement associated with her acupuncture visits. The last Pr-2 even states that she is unchanged. Therefore further acupuncture is not medically necessary.