

Case Number:	CM13-0027153		
Date Assigned:	11/22/2013	Date of Injury:	01/14/2010
Decision Date:	07/18/2014	UR Denial Date:	08/29/2013
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 Board Certified 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 55 year old female patient with pain complains of the right hip and right knee. Diagnoses included hip enthesopathy, trochanteric bursitis, status post arthroscopic knee surgery (right side), amongst others. Previous treatments included: right knee surgery, oral medication, physical therapy, twelve acupuncture sessions (reported as beneficial) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 08-02-13 by the PTP. The requested care was denied on 08-29-13 by the UR reviewer. The reviewer rationale was guidelines indicate that 3-6 treatments of acupuncture are recommended to produce functional improvement and acupuncture may be extended if functional improvement is documented. Twelve acupuncture sessions were authorized; the amount of treatment completed was not specified. Although the patient is said to have benefited from the previous treatments, documentation of improvement in function and pain symptoms as well as reduction of medication intake was not provided in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE TREATMENT TO THE RIGHT KNEE AND HIP:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: After twelve prior acupuncture sessions it was reported as beneficial in reducing symptoms-medication intake. The patient continued symptomatic, taking oral medication, temporary totally disable and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not supported for medical necessity.