

Case Number:	CM13-0028817		
Date Assigned:	01/10/2014	Date of Injury:	07/15/2013
Decision Date:	05/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 07/15/2013. The primary diagnosis is a rib sprain. The patient was seen in physical medicine/pain initial consultation on 09/05/2013 with regard to the patient's injury of 07/15/2013. That physician reviewed the patient's history of trauma when he was doing stunts and the chair that he fell on did not break appropriately and he felt rib pain. The patient was noted to have burning along the ribs with numbness and tingling occasionally. That report reviews the patient's past treatment and notes that the patient had plateaued in therapy. The physician therefore recommended redirecting care to acupuncture three times a week for 3 weeks, with the rationale that it had been shown to help reduce inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR 9 ADDITIONAL SESSIONS (3 TIMES 3) FOR THE CHEST WALL/RIBS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines discuss consideration of a trial of six acupuncture visits to

produce functional improvement and notes that acupuncture treatments may be extended if functional improvement is documented. The most recent physician office visit does not clearly discuss the patient's past acupuncture; however, the request for nine additional sessions exceeds the recommendations for initial acupuncture. Additionally, documentation of prior acupuncture is in the medical record, and the medical records do not document functional improvement from that past acupuncture to support the requested additional acupuncture. Therefore, the medical records and guidelines do not support the medical necessity of the current requested additional acupuncture. This request is not medically necessary.