

Case Number:	CM13-0030207		
Date Assigned:	02/03/2014	Date of Injury:	09/07/2012
Decision Date:	05/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/26/2013

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, 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 patient is a 36 year old male with complaints of pain in the bilateral ankles. Diagnoses include sprain of both ankles and reflex sympathetic dystrophy. Previous treatments have included steroid injection which was temporarily beneficial, oral medication, physical therapy, self care, and work modifications, amongst others. As the patient continued to be significantly symptomatic, with reduced function with regard to activities of daily living, a request for acupuncture twice a week for six weeks was made by the primary treating physician on 8/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X WEEK FOR 6 WEEKS FOR BILATERAL ANKLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone a trial of acupuncture. As the patient continued to be symptomatic despite previous care, including injection, physical therapy, oral medication, work modifications, and self care, an acupuncture trial for pain management would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3-6

treatments. The same guidelines state that additional care can be recommended with documentation of functional improvement obtained/documented within the initial trial. However, as the primary treating physician requested 12 sessions, significantly exceeding the number recommended by guidelines, the request is seen as excessive, and is not supported for medical necessity.