

Case Number:	CM13-0043253		
Date Assigned:	04/25/2014	Date of Injury:	01/08/2007
Decision Date:	07/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented female who has filed a claim for an industrial injury to her left hip, lower back, bilateral lower extremity and left hand pain. The mechanism of injury is unclear. Since this incident on 1/8/07, the applicant underwent care with an orthopedist, physical therapist, acupuncturist, and had left hand surgery to correct a mallet finger, received multiple epidural steroid injections, and diagnostically obtained MRI's X-rays. As mentioned just above, she had previous acupuncture treatment and, it is important to state, without objective functional improvement noted. Before 10/15/13, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently, the applicant received acupuncture prior to this request and unfortunately, it is not evident if the applicant's outcome resulted in improved measurable function in her daily activities. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.