

Case Number:	CM13-0048330		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2010
Decision Date:	05/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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 66 year old male patient with complains of pain in the right shoulder and right knee. Diagnoses included status post arthroscopic surgery of shoulder and knee. Previous treatments included: surgeries, oral medication, and chiropractic-physical therapy, unknown number of acupuncture sessions (gains unreported) and work modifications amongst others. As the patient continued to be symptomatic, a request for additional acupuncture was made by the treating physician. As such, the request was denied by UR, the provider appealed the denial on 10-15-13. The reconsideration for care was denied on 10-18-13 by the UR reviewer. The reviewer's rationale was "prior acupuncture was rendered with undocumented functional improvement therefore additional acupuncture is not supported for medical necessity by MTUS".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current MTUS Guidelines indicate that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a

clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of acupuncture sessions, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture requested is not supported for medical necessity.