MAXIMUS Federal Services

Case Number:	CM13-0061069		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2011
Decision Date:	03/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 54 year old male patient with pain complains of right leg-ankle. Diagnoses included status post surgical fixation of right tibia, stress reactive, emotional. Previous treatments included: surgery, oral medication, physical therapy, acupuncture x6, and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs ("ambulates with a cane"), a request for additional acupuncture x6 was made on 11-18-13 by the PTP. The requested care was denied on 11-27-13 by the UR reviewer. The reviewer rationale was that "although the patient noted benefits with the previous six acupuncture sessions, he continued to report the same pain levels and there were no changes in the examination findings. Therefore since no significant improvement was obtained, additional acupuncture in not supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupunture 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In her PR2 dated 10-16-13 the PTP indicated that "acupuncture helps. Norco was refilled and work status: continues TTD; additional acupuncture was requested. In another PR2 dated 11-18-13 the PTP indicated that "acupuncture helps ...work status: continues TTD...additional acupuncture x6 was requested. The patient underwent at least six acupuncture sessions in the past without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction etc). Mandated guidelines read 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." Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care the request for additional acupuncture is not supported for medical necessity.