

Case Number:	CM13-0067231		
Date Assigned:	05/05/2014	Date of Injury:	11/30/2006
Decision Date:	07/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 male employee who has filed a claim for an injury to his left lower leg and ankle. Reported on the most recent treating physician progress notes, dated 12/03/13, the applicant's injuries cause him lower leg dull or throbbing pain (depending on activities) associated with weakness and pain in the knees. The mechanism of the incident is unclear. His date of injury occurred on 11/30/13. Since then, the applicant's treatments consisted of the following: orthopedic surgery for a tibial fracture and then removal of hardware, aqua therapy, orthotics, home tens unit, H-wave therapy, diagnostic imaging, and anti-inflammatory prescribed and over-the counter medication. The applicant also relies on weekly acupuncture treatments. As per the aforementioned doctor's note, he had just concluded six sessions where it significantly helped to decrease his pain in the left leg. As of 12/03/13, his doctor requested authorization for twelve acupuncture sessions to be used as needed to relieve pain and improve functioning. He further comments the applicant does not use pain medications but relies on the acupuncture for relief. In the utilization review report, dated 12/11/13, the UR determination was unable to approve twelve sessions of acupuncture care. However, modified this request and approved six acupuncture sessions instead, stating acupuncture is medically necessary based on the CA MTUS 2009 ACOEM acupuncture guidelines for specific identified musculo-skeletal conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE ACUPUNCTURE THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The above applicant prior to date has received at least six sessions of acupuncture. CA MTUS acupuncture guidelines in section 9792.24.1.c recommends the time to produce functional improvement is in 3-6 treatments with the frequency of 1-3 times per week for an optimum duration of 1-2 months. However, it can be extended if functional improvement is documented as defined in 9792.20 (e, f). The applicant's injury occurred in 2006, seven years prior to this request. On October 18, 2013, the treating physician states twelve acupuncture sessions has been approved, therefore, this applicant has received at least twelve sessions to date and it is unclear if he received acupuncture prior immediately following the incident up until October 2013. Given the chronic nature of his symptomology, the doctor's request for additional acupuncture sessions appears to be for maintenance. Based on the MTUS guidelines mentioned prior, the applicant has received up to two months of acupuncture therapy already and these additional twelve sessions will exceed the recommended amount, therefore, additional acupuncture of twelve sessions is not medically necessary.