MAXIMUS Federal Services

Case Number:	CM13-0069289		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2013
Decision Date:	03/28/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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:

This is a female patient with complaints of neck and right wrist pain. The diagnoses included cervical sprain, wrist sprain, and brachial radiculitis. The previous treatments included oral medication, splints, physical therapy, acupuncture times eight (8) (gains unreported), and work modifications, amongst others. As the patient continued to be symptomatic, a request for additional acupuncture times six (6) was made on 12-02-13 by the primary treating provider (PTP). The requested care was denied on 12-05-13 by the Utilization Review (UR) reviewer. The reviewer's rationale was "function improvement or symptom reduction, were not documented with prior acupuncture care. Therefore the [additional] acupuncture requested is 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:

Acupuncture two (2) times a week for three (3) weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that the number of acupuncture sessions to produce functional improvement is three to six (3-6) treatments. The

guidelines also indicate that an 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." The patient already underwent eight (8) acupuncture sessions, but continues to be symptomatic, taking oral medication and being totally disabled. In addition, no objective improvements were documented in the records reviewed, such as function-ADL improvement, medication reduction, or work restrictions reduction. In summary, without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.

Acupuncture two (2) times a week for three (3) weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that the number of acupuncture sessions to produce functional improvement is three to six (3-6) treatments. The guidelines also indicate that an 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." The patient already underwent eight (8) acupuncture sessions, but continues to be symptomatic, taking oral medication and being totally disabled. In addition, no objective improvements were documented in the records reviewed, such as function-ADL improvement, medication reduction, or work restrictions reduction. In summary, without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.