

Case Number:	CM14-0002625		
Date Assigned:	01/29/2014	Date of Injury:	09/20/2013
Decision Date:	06/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 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, employed by [REDACTED] as a field worker who has filed a claim for an industrial injury to her right ankle, bilateral knees, and lumbar spine. The mechanism of injury is related the applicant falling, twisting her right ankle and landing on her knees. Since this incident in 9/20/2013, the applicant underwent care with an orthopedist, physical therapist, and an acupuncturist. Throughout the year, MRI's and X-rays were obtained, electric stimulation, therapeutic exercises, canes and braces were used, topical and oral anti-inflammatory and pain medications were applied, and hot and cold modalities were administered. As mentioned just above, she had previous acupuncture treatment and subjectively stated it decreased her pain and increased her functionality; however, documentation provided does not demonstrate functional improvement objectively and actually indicates an increase in pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LUMBAR SPINE TWO TIMES FOR FOUR WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the medical records provided for review, the applicant has had prior acupuncture care without evidence of functional improvement. As noted in the MTUS Acupuncture Guidelines, treatments may be extended if functional improvements are achieved and documented. Therefore, the request for additional acupuncture therapy is not medically necessary and appropriate.