

Case Number:	CM14-0003549		
Date Assigned:	01/31/2014	Date of Injury:	06/15/2011
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 licensed 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 female who has filed a claim for a trip and fall industrial injury and sustained a Left ankle fracture. Later, the applicant received treatment for the lateral malleolus left ankle fracture and subsequent neck and low back complaints. The mechanism of injury noted as the applicant tripped over a cord in the operating room. Since this incident on 6/15/11, the applicant underwent acupuncture care of twenty - four sessions without documentation of functional improvement; clinical subjective and objective findings especially with the applicants response to these treatments. In addition, she received care with an orthopedist, physical therapist, X-ray's and MRI's obtained, psychological evaluation and ESW treatments. She is taking pain and anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (2X8) FOR THE NECK AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The medical records indicate that the applicant has had prior acupuncture care without any documented real benefit or evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.