

Case Number:	CM14-0106440		
Date Assigned:	09/12/2014	Date of Injury:	01/22/2008
Decision Date:	10/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 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:

According to the records made available for review, this is a 62 year old male with a 1/22/08 date of injury. Mechanism of injury is the result of a 30 foot fall to the ground while working as a rollercoaster mechanic. At the time of the request for authorization of 12 acupuncture sessions, there is documentation of subjective (cervical pain, thoracic pain, left shoulder and arm pain, left wrist pain, right hip, leg and knee pain) and objective (decreased cervical range of motion, positive cervical compression test, thoracic tenderness and decreased range of motion, left shoulder tenderness and left wrist tenderness and decreased range of motion) findings. There is documentation of a request for acupuncture authorization of 12 sessions. Documentation provided includes additional treatments (physical therapy, medication and left wrist surgery). Records do not mention the addition of acupuncture to continued physical rehabilitation. Additionally, there is no mention of pain medication dosage decrease or intolerance. This request for 12 sessions exceeds the Acupuncture Medical Treatment Guidelines. There is documentation of 6 authorized initial acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 x per week for 6 weeks, to the cervical spine and left 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 state acupuncture is an option when pain medication is reduced or not tolerated and/or it may be used as an adjunct to physical rehabilitation; however neither of these were documented. The Acupuncture Medical Treatment Guidelines state 3 to 6 treatments with a frequency of 1 to 3 times per week as an initial series to produce functional improvement. The request for an initial 12 acupuncture sessions exceed these guidelines and therefore are not medically necessary.