

Case Number:	CM14-0015446		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2011
Decision Date:	07/25/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 patient is a 56 year old male patient with pain complains of the neck, bilateral shoulders and bilateral knees. Diagnoses included neck sprain and strain, rotator cuff sprain and strain. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture (request for acupuncture x12 was denied by UR on 9-5-13, unknown number of prior sessions rendered or benefits obtained) and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x8 was made on 01-23-14 by the PTP. The requested care was modified on 01-30-14 by the UR reviewer to approve 4 sessions and non-certify four sessions. The reviewer rationale was "acupuncture x8 exceeds the guidelines; a trial of 3-4 sessions can be considered for the initial phase to assess the efficacy of the acupuncture at decreasing pain and increasing function. Additional care may be considered with documentation of functional outcome with the initial four sessions".

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF ACUPUNCTURE X 8 VISITS, SHOULDER, KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that 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." It is unclear if the patient underwent acupuncture before or not (a request for acupuncture x12 was denied by UR on 9-5-13, unknown number of prior sessions rendered or benefits obtained). In any event, the current request is for acupuncture x8, care that exceeds the guidelines without any extraordinary circumstances documented to support it. Therefore, and based on the previously mentioned, the additional acupuncture x8 is not supported by the MTUS (guidelines) for medical necessity, as such this request is not medically necessary.