

Case Number:	CM14-0117675		
Date Assigned:	08/22/2014	Date of Injury:	06/16/2012
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Medicine and is licensed to practice in Pennsylvania. 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 47-year-old who sustained a vocational injury on June 16, 2012. The medical records provided for review document that the claimant has a working diagnosis of right knee sprain and strain with internal derangement, lumbar sprain and strain with a herniated lumbar disc, cervical sprain and strain with a herniated cervical disc and right shoulder sprain and strain with tendinitis, impingement and rotator cuff tear. The office notes from April 16 and July 9, 2014 document that the claimant has had acupuncture in the past. However, there is no documentation of the quantity of acupuncture, the outcome as a result of acupuncture or progress from previous the acupuncture, which would be necessary to know in considering the need for additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture visits: 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 note that acupuncture is used when pain medicine is reduced or not tolerated or may be used as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. The Acupuncture Guidelines support three to six treatments over one to two months in an attempt to treat chronic pain conditions including muscle spasm, inflammation, scar tissue pain and pain located in multiple sites. Office notes presented for review note that the claimant has widespread pain over most of the body. There was noted to be emotional breakdown during the exam. There is no documentation of abnormal physical exam findings presented for review establishing medical necessity for acupuncture. The Acupuncture Guidelines recommend three to six treatments to produce functional improvement. The request for 12 sessions clearly exceeds the guideline recommendation. In addition, it is also noted that the claimant presented in a wheeled walker for which the need was not clearly established by the exam and documentation. Therefore, based on the documentation presented for review and in accordance with California Acupuncture Medical Treatment Guidelines, the request for 12 sessions of acupuncture are not medically necessary or appropriate.