

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0124989 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 07/24/2013 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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 a licensed Acupuncturist 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:

The patient is a 35-year-old male patient with pain complains of left shoulder and left knee. Diagnoses included sprain and strain of the left shoulder and left knee. Previous treatments included oral medication, physical therapy, acupuncture (approved for 12 sessions, gains reported as "transient benefit") and work modifications amongst others. As the patient continued symptomatic, the primary treating physician made a request for additional acupuncture, quantity 6 on 08-12-13. The requested care was denied on 08-06-14 by the UR reviewer. The reviewer rationale was "prior acupuncture was performed with no functional improvement documented and a reduction in the dependency on continued medical treatment".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture and cupping for left shoulder and left knee, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In regards to cupping: this modality was used before for this patient's care, without any sustained benefits documented. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the

early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The date of injury in this case is 07-24-13, therefore as a chronic injury, in which cupping (passive care) was used before without any sustained improvement, its continuation will not be supported for medical necessity. In regards to acupuncture: the MTUS note 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." The patient already underwent an unknown number of acupuncture sessions without any subjective-objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for acupuncture and cupping for left shoulder and left knee, quantity 6 is not medically necessary and appropriate.