

<b>Case Number:</b>	CM14-0127260		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 is a 45 year old female patient with pain complains of the left ankle. Diagnoses included left ankle strain. The previous treatments included: oral medication, physical therapy, acupuncture (18 sessions rendered between 04-16-14 and 06-27-14, functional benefits were unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made by the primary treating physician (PTP). The requested care was denied on 07-21-14 by the UR reviewer. The requested care was denied on 07-21-14 by the UR reviewer. The reviewer rationale was "the patient completed an unknown amount of acupuncture, the most recent note states that the patient relates that her pain is improved, the note also questions possible ligament tear, this is not the picture in which sustained benefit or gain is demonstrated".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 to left ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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. Eighteen sessions were rendered between 04-16-14 and 06-27-14 with no documented significant, functional improvement (quantifiable response to treatment) to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x8, a number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture 2x4 is not medical necessary.