

Case Number:	CM14-0151331		
Date Assigned:	09/19/2014	Date of Injury:	09/11/2003
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 52 y/o female patient with pain complains of neck and lower back. Diagnoses included sprain of the wrists, status post right carpal tunnel release. Previous treatments included: surgery (bilateral CTR), oral medication, physical therapy, acupuncture (per PTP report dated 9-3-14: patient was approved for x18 sessions, benefits reported as "mild-moderate decrease of symptoms with improved walking/standing") and work modifications amongst others. Two acupuncture sessions were rendered and retrospectively requested (DOS 03-11-14 and 03-18-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 2 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines notes the 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." After eighteen acupuncture sessions were

previously rendered, no clear evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. The PTP described the benefits obtained with acupuncture as "mild-moderate decrease of symptoms with improved walking/standing". Such description does not suffice to comply with guidelines before mentioned. Without functional improvement documented as either a significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment, the acupuncture rendered on 03-11-14 and 03-18-14 is not supported for medical necessity.