

Case Number:	CM14-0152409		
Date Assigned:	09/22/2014	Date of Injury:	09/05/2013
Decision Date:	10/21/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 New York. 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:

According to the records made available for review, this is a 34 year old female with a 9/4/13 date of injury. Mechanism of injury was not documented within the records provided, the injured is a social worker. At the time of the request for authorization of 6 acupuncture sessions, there is documentation of subjective (primary complaint left knee pain 6/10 on pain scale and secondary complaint left ankle pain) and objective (left knee tenderness, spasm and crepitus, left ankle tenderness and decreased range of motion, gait abnormality) findings. Documentation provided includes additional treatments (physical therapy, chiropractic, home exercise and bracing). Records document that the injured worker refuses pain medication without mention of intolerance. There is documentation of a request for acupuncture authorization of 6 sessions. There is documentation of the injured worker receiving acupuncture treatment on 8/8/14 with noted subjective benefits. There is no documentation of start date of acupuncture treatment or functional objective findings of any administered acupuncture. This request does not fall within the Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE (IN HOUSE) WITH INFRA LAMP/MEDICAL SUPPLY/KINESIO TAPE - TWO (2) TIMES A WEEK FOR THREE (3) WEEKS (6 TOTAL);: 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 state 3 to 6 treatments with a frequency of 1 to 3 times per week as an initial series to produce functional improvement. The documentation provided does not include start date for acupuncture treatment or documentation of functional objective findings related to this treatment. There are no records provided including how many acupuncture treatments have been administered. The request for 6 acupuncture sessions is not supported in the documentation, the requirements of the Acupuncture Medical Treatment Guidelines have not been met and therefore is not medically necessary.