

Case Number:	CM14-0183114		
Date Assigned:	11/10/2014	Date of Injury:	08/01/2009
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 licensed 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 63 year old female patient with pain complains of lower back and left hip-knee. Diagnoses included osteoarthritis of the hip, status post hip replacement. Previous treatments included: surgery (hip replacement), oral medication, physical therapy, acupuncture (total number of prior visits rendered is unknown, gains described as "10% improvement") and work modifications amongst others. As the patient continued symptomatic, eleven acupuncture treatments were rendered. The care was retrospectively requested and was denied on 10-15-14 by the UR reviewer. The reviewer rationale was "the patient has already been receiving acupuncture....the last note, however, is from 6/14 and indicates that 24 sessions of PT and acupuncture helped 10%. This is insufficient result to support ongoing care".

IMR ISSUES, DECISIONS AND RATIONALES

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

11 retrospective acupuncture visits to the lumbar spine, left hip and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines read 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 underwent an unknown number of prior acupuncture sessions, with no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) in order to support the reasonableness and necessity of the additional acupuncture rendered/requested. Therefore, the additional acupuncture sessions times 11 is not supported for medical necessity.