

Case Number:	CM14-0185370		
Date Assigned:	11/13/2014	Date of Injury:	04/19/2011
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This is a 48 y/o female patient with pain complains of her neck and right upper extremity. Diagnoses included lateral epicondylitis. Previous treatments included: oral medication, chiropractic-physical therapy, Acupuncture (unknown number of sessions, benefits described as "pain better with Acupuncture") and work modifications amongst others. As the patient continued symptomatic, a request for additional Acupuncture x 6 was made on 10-08-14 by the Primary Treating Physician (PTP). The requested care was modified on 10-28-14 by the UR reviewer to approve four sessions and non-certifying two sessions. The reviewer rationale was "the request for Acupuncture x6 has been modified to approved 4 sessions since there has been no documented functional improvement with the prior trial".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (sessions) Qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current mandated guidelines 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." After an unknown number of prior Acupuncture sessions (reported as beneficial in reducing symptoms), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous Acupuncture was provided to support the reasonableness and necessity of the additional Acupuncture requested. The use of Acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS. Therefore, the additional Acupuncture x6 is not supported for medical necessity.