

Case Number:	CM14-0025947		
Date Assigned:	06/13/2014	Date of Injury:	09/27/2013
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 has 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 67 year old female patient with pain complains of the right arm and both feet. Diagnoses included right elbow tendonitis, bilateral ankle derangement. Previous treatments included: oral medication, physical therapy, acupuncture (number of prior treatments not documented, gains obtained reported as "improving symptoms"), self care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 1-9-14 by the PTP. The requested care was denied on 02-18-14 by the UR reviewer. The reviewer rationale was "although the patient has been receiving acupuncture and reporting improvements, the documentation does not describe any specific functional benefits therefore additional acupuncture x12 would not be supported for medical necessity by the guidelines".

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 3 X 4 ON THE BILATERAL FEET AND RIGHT ARM: 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 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." After an unknown number of prior acupuncture sessions (reported benefits: "patient is seen some progress"), no evidence of 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. In addition the request is for acupuncture x12, exceed significantly the guidelines without documenting any extraordinary circumstances to support such request. Therefore, the additional acupuncture x12 is not medically necessary.