

Case Number:	CM14-0026646		
Date Assigned:	06/11/2014	Date of Injury:	08/29/2012
Decision Date:	07/14/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/15/2014

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 55-year-old female patient with pain complaints of the neck and right shoulder-wrist. The diagnoses included right shoulder sprain, wrists tendonitis. The previous treatments included oral medication, massage-physical therapy, biofeedback and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x12 was made on 12-02-13 by the primary treating physician (PTP). The requested care was denied on 12-10-13 by the utilization reviewer. The reviewer rationale was "the treating provider has recommended four separate passive modalities at the same time, only one can be selected: physical therapy was certified. Therefore, the request for acupuncture cannot be certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO THE CERVICAL, PER DWC FORM DATED 12/2/2013, QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care

(physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS guidelines. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary treating physician (PTP) requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore, is not medical necessity and appropriate.