

Case Number:	CM14-0026863		
Date Assigned:	06/13/2014	Date of Injury:	05/02/2012
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 64 y/o female patient with pain complains of multiple areas (lower back, knees, and right shoulder, amongst others). Diagnoses included status post right carpal tunnel release, status post right rotator cuff repair. Previous treatments included: right carpal tunnel release, bilateral knee arthroscopic surgery, right shoulder rotator cuff repair, injections, oral medication, physical therapy (52 sessions authorized), acupuncture (24 sessions were performed previously, functional gains unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 02-04-14 by the PTP. The requested care was denied on 02-12-14 by the UR reviewer. The reviewer rationale was "as the records review reveals, acupuncture was previously performed without specified objective benefits to substantiate the request for additional treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES 8 SESSIONS: 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 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 24 acupuncture sessions were rendered in the past (reported as beneficial, no specifics reported), 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 times (8), number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture times (8) is not supported for medical necessity.