

Case Number:	CM14-0028340		
Date Assigned:	06/16/2014	Date of Injury:	02/09/2011
Decision Date:	07/22/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The injured worker is a 42 year-old male who was reportedly injured on 2/9/2011. The mechanism of injury was noted as a significant fall from a second story. The most recent progress note dated 12/4/2013, indicated that there were ongoing complaints of left knee pain, back pain and left wrist pain. The physical examination demonstrated left ankle/foot decrease in motor strength, local tenderness to palpation in the low back and local tenderness from myofascial trigger points in the lumbosacral paraspinal musculature. No diagnostic imaging studies were available to review. Previous treatment included surgery for the left ankle/foot/heel, physical therapy, durable medical equipment to include crutches, Cam Walker boot and medications MS Contin, Norco and Ambien. A request had been made for electronic acupuncture therapy session, and was not certified in the pre-authorization process on 2/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTRONIC ACUPUNCTURE THERAPY SESSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is recommended in the management of hand, wrist and forearm disorders. These guidelines apply to active acupuncture or acupuncture with electrical stimulation when referenced in the clinical topical medical treatment guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. After review of the medical documentation provided, the patient was said to have had a positive response from past acupuncture treatments. There is no clinical documentation for functional improvements due to these acupuncture sessions. The patient is also on pain medication, and there is no documentation concerning poor pain control or intolerance to narcotic pain medications. Therefore, there is no medical necessity for additional acupuncture sessions at this time.