

Case Number:	CM14-0033467		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2012
Decision Date:	07/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 Chiropractic and 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:

The injured worker is a 63 year old female who reported bilateral hip and ankle pain from injury sustained on 04/06/12 due to cumulative trauma. Radiographs of the right hip reveal extensive destruction of the right hip joint. MRI of the right hip reveals severe osteoarthritic changes. MRI of the left hip is unremarkable. Patient is diagnosed with sprain/strain of bilateral hip and thigh with right degenerative joint disease and bilateral hip osteoarthritis. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 12/31/13, patient states she is able to stand a while longer with acupuncture treatment. Per medical notes dates 01/02/14, patient complains of continues pain in the hips, ankles and feet despite conservative care. She complains of severe right hip over the SI joint region and also in the right groin. She has difficulty with ambulation and weight bearing. Examination revealed decreased range of motion and right leg is measured inches shorter than the left. Surgeon recommends right hip replacement. Primary treating physician is requesting additional 8 acupuncture sessions. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Acupuncture Sessions for Bilateral Hips: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per the utilization review, patient has had prior acupuncture treatment. The request is to continue acupuncture treatment X8. Per medical notes dated 01/02/14, patient continues to have pain despite conservative treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Therefore, the request for 8 acupuncture sessions for bilateral hips is not medically necessary.