

Case Number:	CM14-0060901		
Date Assigned:	07/09/2014	Date of Injury:	10/16/2004
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 a licensed Acupuncturist, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 purpose of this review is to consider six acupuncture sessions. The applicant is a male employee who has filed an industrial claim for left ankle and foot injury that occurred on 10/16/04. Mechanism of injury is unspecified with the records reviewed. Currently the patient complains of pain in multiple body parts, including, bilateral knees, right upper extremity, and bilateral wrists. The treating physician requested six additional sessions of acupuncture to treat his pain and to reduce some of his symptoms. His treatment to date includes, but is not limited to, X-rays, MRI, surgical intervention; status post bilateral total knee replacements in 2012, physical therapy, acupuncture, and oral and topical pain and anti-inflammatory medications. Applicant continues to remain permanent and stationary status and maximum medical improvement. In the utilization review report, dated 4/17/14, the UR determination did not approve the six sessions of acupuncture, as the specific body part is not specified for which acupuncture is requested and generally in light of "functional improvement" as defined by MTUS. Records indicate the applicant received prior acupuncture, but do not substantiate an additional request for acupuncture; no objective outcomes of the prior acupuncture treatments provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 body part(s) not specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care prior to this request of an unspecified amount and those sessions were approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant remains permanent and stationary status with maximum medial improvement achieved. Therefore, based on the lack of functional improvement, as defined by MTUS, these additional six sessions of acupuncture therapy are not medically necessary.