

Case Number:	CM14-0061966		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2012
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 licensed 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 46 year old male patient with pain complains of bilateral upper extremities. Diagnoses included bilateral MCP osteoarthritis. Previous treatments included: oral medication, aquatic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture (frequency-duration was not indicated) was made on 03-20-14 by the PTP. The requested care was denied on 04-16-14 by the UR reviewer. The reviewer rationale was "acupuncture was requested at the same time that physical therapy, therefore it would be difficult to determine the response to either PT or acupuncture...the request is for acupuncture x18, the amount of acupuncture to date is unknown..."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 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."The request from the PTP did not indicated the number of sessions requested, the frequency for the acupuncture care, goals for such request or whether the patient had acupuncture before or not. Therefore the request for acupuncture is not supported for medical necessity.