

Case Number:	CM14-0081595		
Date Assigned:	07/18/2014	Date of Injury:	09/08/2007
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 63 y/o female patient with pain complains of the neck, back and lower extremity. Diagnoses included right ankle fracture status post ORIF, chronic pain syndrome of right lower extremity. Previous treatments included: surgery, oral medication, physical therapy, acupuncture x74 and work modifications amongst others. As the patient continued significantly symptomatic, with reduced ADLs, a request for additional acupuncture x12 was made on 05-13-14 by the PTP. The requested care was denied on 05-20-14 by the UR reviewer. The reviewer rationale was, amongst other reasons, patient had acupuncture x74 without sustained functional improvement documented, exceeding the recommended time duration and sessions recommended by guidelines, no demonstrated ongoing self directed home exercise program, and no demonstrated failure of conventional treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 12 visits for the neck, back and right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) > shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient had prior acupuncture x74 which provided assistance to temporary pain management of her condition, combined with oral medication, physical therapy and psychotherapy. No sustained functional improvement was reported in the records reviewed. 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." After the extensive acupuncture rendered in the past (reported as temporary beneficial when combined with physical therapy, oral medication and psychotherapy), additional acupuncture was requested. The patient condition at the time of the request was not indicating that a flare up has occurred; consequently the request is seen as maintenance in nature, not supported for medical necessity by current guidelines.