

Case Number:	CM14-0196041		
Date Assigned:	12/04/2014	Date of Injury:	03/10/2014
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 40 year old male patient with pain complains of right groin. Diagnoses included status post right inguinal hernia repair. Previous treatments included: surgery (hernia repair), oral medication, physical therapy and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x9 was made on 10-27-14 by the PTP (primary treating provider). The requested care was modified on 11-06-14 by the UR reviewer to approve six sessions and non-certifying three sessions. The reviewer rationale was "acupuncture x 9 are in excess of the guidelines; a trial of six sessions is supported as medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 3 weeks for the groin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued to be symptomatic despite previous care (surgical repair of inguinal hernia, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been

reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP (primary treating provider) requested initially 9 sessions, which is exceeding the number recommended by the guidelines without documenting any extraordinary circumstances, the request is not supported for medical necessity.