

Case Number:	CM14-0198976		
Date Assigned:	12/09/2014	Date of Injury:	11/22/2013
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 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 applicant is a female employee who has filed an industrial claim for a cervical, lumbar and left knee and shoulder injury that occurred on 11/22/13. Mechanism of injury is unspecified in records reviewed. Currently the patient complains of constant to occasional, dull, achy pain in all aforementioned areas with associated radiculopathy in the upper and lower extremities (left worse than right). The treating physician requested on 10/20/14, eight sessions of acupuncture to treat her pain and to reduce some of her symptoms, primarily focusing on her left knee. The applicant's current diagnoses consist of cervical and lumbar disc protrusion, radiculopathy, sprain/strain, muscle spasms, left shoulder impingement syndrome, left shoulder and knee pain, sprain/strain, and status-post surgery. Her treatment to date includes, but is not limited to, chiropractic care, physical therapy, aquatic therapy, MRI of cervical and lumbar spine, and left shoulder, nerve testing, orthotics, oral and topical anti-inflammatory and pain medication. In the utilization review report, dated 11/03/14, the UR determination did not approve the eight sessions of acupuncture but modified the original request and approved six sessions. The advisor stated acupuncture, based on MTUS guidelines for pain, suffering, and the restoration of function and as an initial course of treatment with the frequency of 1-2 visits per week for a period of 3-5 weeks, not to exceed 6 visits recommended. Therefore, the advisor chose not to certify this original request for eight but did approve six sessions of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Acupuncture to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture 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 an initial round of acupuncture care of at least four visits. 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's remains "off-work" and her status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to consider an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. Eight additional acupuncture sessions exceed this recommendation and would be deemed not medically necessary for such as well.