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| Case Number: | CM14-0202817 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 01/02/2014 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Chiropractor (DC), has a subspecialty 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:

The injured worker is a 55 year old male who reported low back, ankle, and right knee pain from injury sustained on 01/02/14 due to trauma. Patient is diagnosed with T12 compression fracture, L3 compression fracture, left ankle medial malleolar and talar neck fracture, right tibial plateau fracture, head trauma with loss of consciousness. Patient has been treated with surgery, medication, physical therapy and chiropractic. Per medical notes dated 11/10/14, patient complains of persistent low back pain, left ankle, right knee pain. Pain is rated at 7/10. Patient is status post left ankle surgery on 09/11/14. Examination revealed decreased lumbar lordosis, antalgic gait, decreased lumbar spine range of motion, tenderness of the thoracic and lumbar spine, inability to walk on toes, difficulty to walk on heels with pain. Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture treatments which were modified to 3 by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions (unspecified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Injured worker has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture treatments which were modified to 3 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the injured worker has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Provider requested initial trial of 6 acupuncture treatments which is within guidelines. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.