

Case Number:	CM15-0181602		
Date Assigned:	09/22/2015	Date of Injury:	09/22/2014
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Montana

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 38 year old male, who sustained an industrial injury on September 22, 2014, incurring injuries to both legs. Magnetic Resonance Imaging of the right leg revealed a right joint effusion, and a tear of the anterior labrum with loss of cartilage of the femoral head with femoral acetabular impingement. He was diagnosed with bilateral lower extremity crush injury, hip contusion, and a complex laceration of the right lower extremity. Treatment included diagnostic imaging, surgical complex repair of the right lower leg laceration, antibiotics, physical therapy, acupuncture, pain medications, anti-inflammatory drugs, and modified work duties. Currently, the injured worker complained of persistent right lower leg pain with limited range of motion. He noted increased pain and weakness in his right knee aggravated by walking, ascending and descending stairs, kneeling, squatting interfering with his activities of daily living. The injured worker noted relief of his knee pain with acupuncture. He had developed increased depression secondary to the chronic debilitating pain. The treatment plan that was requested for authorization on September 16, 2015, included twelve additional acupuncture sessions for the right and left legs. On August 31, 2015, a request for twelve additional acupuncture sessions for both legs was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for right and left legs qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.