

Case Number:	CM15-0204981		
Date Assigned:	10/21/2015	Date of Injury:	08/01/2009
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 64 year old, male who sustained a work related injury on 8-1-09. A review of the medical records shows he is being treated for left hip and left leg pain. In the Treating Physician's Comprehensive Pain Management Consultation and Report dated 8-18-15, the injured worker reports left hip, left pelvic, left buttock, left posterior leg, left posterior knee, left anterior leg and left anterior knee pain. He rates his pain a 6 out of 10. At best, the pain is a 6 out of 10 and at worst, the pain is an 8 out of 10. He states he has pain 100% of the time. On physical exam dated 8-18-15, he has palpable tenderness at left pelvic. Treatments have included physical therapy, acupuncture-"feels better after treatments", left total hip replacement in 2009 and rest. No notation of working status. The treatment plan includes requests for acupuncture and compounded cream. The Request for Authorization dated 8-18-15 has requests for acupuncture 2 x 6 and FCL cream. In the Utilization Review dated 9-30-15, the requested treatment of 12 sessions of acupuncture for the left hip is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.