

Case Number:	CM15-0207195		
Date Assigned:	10/26/2015	Date of Injury:	10/22/2014
Decision Date:	12/07/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 10-22-14. The injured worker was diagnosed as having fracture of tibia and fibula of the left leg, cruciate ligament sprain of the left knee and left ankle sprain. Subjective findings (5-27-15, 7-2-15 and 8-3-15) indicated left lower extremity pain described as aching, throbbing and sharp. The treating physician noted that the injured worker has completed acupuncture sessions and showed "significant functional improvements" based on recent MRI reports. Objective findings (5-27-15, 7-2-15 and 8-3-15) revealed 2+ spasm and tenderness to the left knee anterior joint line, left prepatellar tendon and shin, 3+ spasm and tenderness to the left lateral malleolus and a positive A-P drawer test bilaterally. As of the PR2 dated 9-3-15, the injured worker reports left lower extremity pain. Objective findings include 2+ spasm and tenderness to the left knee anterior joint line, left prepatellar tendon and shin, 3+ spasm and tenderness to the left lateral malleolus and a positive A-P drawer test bilaterally. The treating physician noted that the injured worker had completed acupuncture and had reached a plateau with the sessions. Treatment to date has included a left ankle MRI on 7-17-15, a left leg MRI on 7-21-15, acupuncture x 18 sessions and physical therapy at least 7 sessions. The Utilization Review dated 9-16-15, non-certified the request for additional acupuncture 3 x weekly for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy 3x2 Additional Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same guidelines could support additional acupuncture for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Based on the providers report dated 09-03-15, the patient has already completed 19 acupuncture sessions, "reaching a plateau". Therefore, additional acupuncture care is seen as maintenance in nature, consequently not supported for medical necessity by current guidelines.