

Case Number:	CM14-0128101		
Date Assigned:	08/18/2014	Date of Injury:	09/23/2008
Decision Date:	10/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Acupuncture and is licensed to practice in Florida. 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:

This is a 58-year-old female that sustained an industrial injury on 9/23/08. The records indicate that as the patient was pushing several carts with approximately 500 lbs. when she injured her right knee. She had been diagnosed with; Low back pain, Sciatica, Numbness, Right ankle pain and Right knee pain; she has also been diagnosed with: Joint pain ankle, abnormality of gait, joint pain L/leg, and Lumbago (1/24/12). The patient is on the following medications: Flector patches, and Tramadol. The records indicate she underwent surgery 8/15/11 to repair the Achilles tendon. The patient has received physical therapy and acupuncture back in 2012 and 2013. The records indicate the patient's subjective response was favorable to acupuncture treatment. After reviewing 759 pages of documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested 6 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture without stimulation 15 minutes Quantity: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 58-year-old female that sustained an industrial injury on 9/23/08. The patient has stated that as she was pushing carts with about 500 lbs., she heard a crack in her right knee, but continues to perform her job responsibilities. She sustained injuries to her low back, right knee, right ankle and leg. She was on medications (Flector patches as Tramadol). She underwent surgery to repair her Achillies Tendon, and had at least 2 courses of acupuncture (2012 and 2013) as well as physical therapy. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. The medical necessity for the requested acupuncture sessions has not been established.