

Case Number:	CM14-0144240		
Date Assigned:	09/12/2014	Date of Injury:	02/21/2005
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

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 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:

This is a 53 year old female patient with pain complains of left foot and headaches. Diagnoses included status post left foot surgery, tenosynovitis of the left ankle. Previous treatments included: surgery, trigger point injections, oral medication, physical therapy, acupuncture (unknown number of sessions, gains reported as symptom-swelling reduction) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture times 12 was made on 08-01-14 by the primary treating physician (PTP). The requested care was denied on 08-18-13 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current mandated guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported 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." After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms-swelling), the patient continues symptomatic taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS. In addition the request is for acupuncture times 12, a number that exceeds the guidelines significantly without a medical reasoning to support such request. Therefore, the additional acupuncture times 12 is not supported for medical necessity.