

Case Number:	CM14-0149495		
Date Assigned:	09/18/2014	Date of Injury:	03/14/2007
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Board Certified 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 56 year old female patient with pain complains of the right ankle. Diagnoses included sprain of the wrists, status post right carpal tunnel release. Previous treatments included: injections, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, with reduced function-ADLs, a request for an acupuncture trial x6 was made on 08-04-14 by the PTP. The requested care was denied on 08-18-14 by the UR reviewer. The reviewer rationale was "there are no progress notes or diagnostic studies provided to document the patient's functional deficits, medication reduction or intolerance, or describe past treatment, other than "the patient has therapy and injections with little benefit, and that the patient continued to have pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 2 Times A Week for 3 Weeks for The Right Ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic with activities of daily

living reduced, despite previous care (injections, physical therapy, oral medication, work modifications and self care) the acupuncture trial requested for pain management is supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.