

<b>Case Number:</b>	CM14-0158496		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 41 y/o female patient with pain complains of the right knee-foot. Diagnoses included contusion of foot. Previous treatments included: cortisone injection, oral medication, chiropractic-physical therapy, acupuncture x12 (rendered "without benefit", QME report dated 06-25-14, page 4) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 08-15-14 by the PTP. The requested care was modified on 08-26-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "patient has previously attended 12 visits of acupuncture treatment without subjective or objective indication of functional benefit or pain relief with prior sessions. Therefore, the request for additional acupuncture 6 visits for the right knee and right foot is not medically necessary or appropriate".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x6 visits, right knee and right foot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The guidelines note that 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 12 prior acupuncture sessions, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to the completed acupuncture was provided to support the medical necessity of the additional acupuncture requested. Therefore, the additional acupuncture x12 is not supported for medical necessity.