

Case Number:	CM14-0092096		
Date Assigned:	09/19/2014	Date of Injury:	09/08/2007
Decision Date:	10/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 New York and Connecticut. 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:

According to the records made available for review, this is a 62 year old patient with a 9/8/07 date of injury with subsequent loss of work and on permanent disability. Patient has a diagnosis of bilateral hip arthritis and right chronic ankle sprain. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, 2 times per week for 4 weeks there is documentation of main subjective pain complaints of the right ankle and both hips, with objective positive findings including limited range of motion. There are positive objective findings cited in terms of positive tests. A left antalgic pattern, limited range of motion, etc. on the above regions. She continues to take oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2X4 for Right Ankle and Bilateral Hips: 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: In order to support the medical necessity for acupuncture based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of

14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement which was absent in this file (if this is a request for continuing acupuncture). There is no documentation of the number of previous acupuncture treatments and objective improvement; it's noted in this file that this is for an "acupuncture trial", but did not specifically state whether this is for an "initial trial" as opposed to a "continuing trial". Moreover, no objective barriers have been identified which would have prevented the natural resolution of the work injury after 7 years. No explanation has been given to how the current request is related to the old work injury. A detailed and thorough medical history must be obtained or reviewed, and relevant prior or coexisting complaints, illnesses, or injuries should be noted. It is not clear what the mechanism of patient's recent flare up or exacerbation is. Therefore the request for 8 sessions is not medically necessary.