

Case Number:	CM15-0013909		
Date Assigned:	02/02/2015	Date of Injury:	06/20/2013
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 49 year old male, who sustained an industrial injury, June 20, 2013. The injured worker was diagnosed with left hip (trochanteric) bursitis and early degenerative joint disease. The injured worker previously received the following treatments acupuncture 6 sessions and an MRI was taken November 17, 2014. According to progress note of November 4 2014, the injured workers chief complaint was left hip pain. The injured worker was not taking any medications at this time. The injured worker had had acupuncture in the past with functional improvement and decreased pain. Per a PR-2 dated 11/4/2014, the claimant completed acupuncture with some relief. Then 1 week ago he noticed symptoms coming back. He had increased pain and discomfort in the left hip. On December 2, 2014, the primary treating physician requested continuation of acupuncture for 2 sessions a week for 3 weeks for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for the left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.