

<b>Case Number:</b>	CM15-0018302		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: 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 is a 32 year old male, who sustained an industrial injury on 2/17/2014. He reported a slip and fall with injuries to the back, right lower extremity and left ankle. Diagnoses include fractured wrist, right knee bursitis, left ankle sprain, right knee meniscus tear, thoracic vertebrae displacement and lumbar disc disorder with myelopathy. Treatments to date include acupuncture, physical therapy and medication management. A progress note from the treating provider dated 12/15/2014 indicates right knee, left ankle, right wrist and hand pain and mid and lower back pain. On 1/23/2015, Utilization Review non-certified the request for 6 additional visits for acupuncture to the thoracic spine, lumbar spine, right knee, right wrist and left ankle, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x 2 to Thoracic Spine, Lumbar Spine, Right Wrist, Right Knee, and Left Ankle:** Upheld

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

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

**Decision rationale:** This patient underwent in excess of 20 acupuncture sessions in the past, with alleged functional improvements obtained with such care. Despite the previous statement from the provider, the comparison of the reports dated 4/28/14 and 05/23/14 (pre-acupuncture), and the reporting dated 09/10/14 (12 acupuncture sessions were already completed), and the report dated 12/15/14 (another six acupuncture sessions were rendered), no additional functional gains were described that were beyond the pre-acupuncture status. 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." Without any evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to previous acupuncture, additional acupuncture is not supported for medical necessity.