

Case Number:	CM14-0141714		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2006
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 licensed in Chiropractic & 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:

The claimant is a 57 year old female who sustained a work related injury on 3/13/2006. Prior treatment includes right arthroscopy, chiropractic, and oral medication. Per a PR-2 dated 7/11/14, the claimant has constant right knee pain and is working modified duty. The rest of the PR-2 is illegible. There is a request for acupuncture, chiropractic, and physical therapy. Her diagnoses are right knee strain/sprain, right lower leg normal, and post traumatic cephalgia. Per a report dated 4/12/14, the claimant also has neck pain, right knee pain, right calf pain, sleep disturbance, and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12: 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, an initial trial of acupuncture consists of six or less visits. Twelve visits exceed the recommended guidelines for an initial trial. If this is a request for further acupuncture, there is no documentation of functional improvement

from a prior trial to justify further acupuncture. The request is not medically necessary per MTUS guidelines.