

Case Number:	CM14-0142672		
Date Assigned:	09/10/2014	Date of Injury:	04/02/2013
Decision Date:	10/06/2014	UR Denial Date:	08/04/2014
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:

This claimant is a 52 year old female who sustained a work related injury on 4/2/2013. Six visits of acupuncture were authorized on 8/4/2014 as an initial trial. The claimant had six prior acupuncture visits authorized in 2013 and completed at least three treatments. Prior treatment includes work hardening, physical therapy, biofeedback, psychotherapy, right knee surgery, cortisone injections, behavioral therapy, oral medication, and acupuncture. Per a Pr-2 dated 7/21/2014, the claimant has previously undergone arthroscopic meniscectomy and debridement of the right knee. The claimant does have underlying osteoarthritis. She is still having moderate pain aggravated by prolonged standing, climbing, bending activities. Also the pain mostly occurs during the course of the day and occasionally at night. Her diagnoses are status post right knee surgery, osteoarthritis, degenerative arthrosis, quadriceps weakness and loss of range of motion, cervical spine sprain/strain with bilateral upper extremity radiculitis, lumbar spine sprain strain and status post fusion, left knee sprain/strain. She reports continued right knee pain, left knee pain and low back pain. She is not working and on total temporary disability. Per a PR-2 dated 2/17/14, the claimant has had acupuncture with only temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks, right knee Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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 twelve prior acupuncture sessions approved with six in 2013 and six in 2014. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.