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| Case Number: | CM14-0147469 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 05/04/1992 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 and 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:

Claimant is a 63 year old male who sustained a work related injury on 5/4/1992. Per a Pr-2 dated 6/18/2014, the claimant had acupuncture with slight relief. Per a PR-2 dated 8/7/14, the claimant has low back pain radiating to left knee with tingling and weakness. He also has left knee pain with tingling. His diagnoses are left knee pain, low back pain, and status post left knee and lumbar surgery. Prior treatments include physical therapy, injections, TENS, 3 low back surgeries, 2 knee surgeries, and oral medication. He is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Treatment for the Left Knee , 12 visits, as an outpatient: 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: 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 mild subjective

benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.