

Case Number:	CM13-0019307		
Date Assigned:	12/04/2013	Date of Injury:	05/22/2009
Decision Date:	01/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic right knee pain, reportedly associated with industrial injury of May 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a knee support; a cane; a TENS unit; knee arthroscopy in 2010; cervical epidural steroid injections; unspecified amounts of acupuncture in 2011; unspecified amounts of physical therapy over the life of the claim; and attorney representation. In a utilization review report of August 13, 2013, the claims administrator denied a request for 12 sessions of acupuncture on the grounds that the applicant had had prior acupuncture and failed to profit from the same. The applicant's attorney later appealed. In an August 27, 2013 note, highly templated, additional acupuncture is sought in conjunction with hot and cold therapy, additional physical therapy, extracorporeal shockwave therapy, and topical compounds. The applicant's work status has not been clearly detailed; however, it does not appear that the applicant has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no concrete evidence of functional improvement as defined in section 9792.20f. It does not appear that the applicant has returned to work. The applicant remains highly reliant on various medical treatments, including physical therapy, acupuncture, extracorporeal shockwave therapy; medications, topical compounds, etc. All of the above, taken together, imply a lack of functional improvement as defined in section 9792.20f. Therefore, the request for additional acupuncture is not certified.