

Case Number:	CM13-0021319		
Date Assigned:	03/26/2014	Date of Injury:	09/08/2011
Decision Date:	06/10/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/08/2013

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 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 patient is a 57 year old male with a date of injury of 9/8/2011. The provider submitted a request for acupuncture therapy 2 times a week for 3 weeks for the right knee. Submitted documents indicate the patient suffered an injury while stepping down from a delivery truck. The patient claimed he missed a step and began to fall. Treatment included physical therapy, medications, diagnostic studies, and chiropractic therapy. A 8/2/2013 progress report ([REDACTED]) indicated diagnoses of right medial meniscus tear; chondromalacia patella; right knee bursitis; right hip bursitis/tendinitis; right hip sprain/strain; and lumbar disc displacement with myelopathy. Complaints were constant moderate knee pain with aching and popping. The physician requested a trial of 6 acupuncture visits. An 8/14/2013 letter noted a trial of acupuncture care was recommended for 2 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines recommend an initial course of acupuncture therapy. The frequency suggested is one to three times per week for an optimum duration of one to two months. From the treatments, the time frame to produce functional improvement is within three to six treatments. Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination. Acupuncture treatments may be extended if functional improvement is documented as defined above. At this time, six acupuncture visits is not medically necessary. A review of submitted documents indicates the patient received a trial of acupuncture visits without any documented functional improvement. Therefore, the request for six acupuncture visits is not medically necessary or appropriate.