

Case Number:	CM13-0027150		
Date Assigned:	11/22/2013	Date of Injury:	06/21/1991
Decision Date:	01/14/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation, 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:

Patient is a 72yo female who has chronic knee pain from DOI 6/21/91. She is s/p lumbar fusion with compensatory hip and knee pain. On 8/19/13 she stated that her knee buckles, had limited ROM, and tightness and numbness in the knee. Examination showed stiffness in the knee, tenderness in the right hip. Xrays showed osteoarthritis of the knee.

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 for the right knee, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Acupuncture Treatment Guidelines.

Decision rationale: Based on ACEOM guidelines, given the patient's chronic knee pain, she would benefit from acupunctures. However, the acupuncture medical treatment guidelines recommends an initial of 6 visits with additional visits based upon documentation of functional improvement Therefore the request for 12 AP visits would exceed the guidelines.