

Case Number:	CM13-0029378		
Date Assigned:	11/01/2013	Date of Injury:	07/08/2009
Decision Date:	01/31/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 patient is a 57-year-old male who reported injury on 07/08/2009. The mechanism of injury was not provided for review. The patient was noted to have right leg pain, especially when getting up from a sitting or walking position. It was noted that the patient had previously received acupuncture and seen significant relief from it. The patient's diagnosis was noted to be left knee internal derangement. The request was made for acupuncture 3 times a week for the left knee, unknown duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three (3) times a week for the left knee (unknown duration): 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: California MTUS Guidelines recommend acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 treatments to 6

treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had previous acupuncture treatments and saw significant relief from it in the past. However, clinical documentation fails to provide objective functional improvement from prior treatment. Additionally, per the submitted request, there is a lack of documentation indicating the duration of care. Given the above, the request for Acupuncture three (3) times a week for the left knee (unknown duration) is not medically necessary.