

Case Number:	CM13-0031757		
Date Assigned:	01/10/2014	Date of Injury:	01/12/2012
Decision Date:	05/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/04/2013

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 Board Certified in 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:

This is a male patient with neck, left shoulder and bilateral knee pain complains. Diagnoses included cervical sprain and strain, supraspinatus tendinosis, acromioclavicular joint osteoarthritis, right medial meniscus tear. The previous treatments included knee surgery, oral medication, chiropractic-physical therapy (unknown number of sessions), and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x8 was made on 08-14-13 by the PTP. The requested care was modified on 09-03-13 by the UR reviewer to approve four sessions and non-certifying two sessions. The reviewer rationale was "acupuncture x8 exceeds the guidelines; a trial of four sessions is supported by the California MTUS as medically and necessary. Additional care may be considered with documentation of objective functional improvement".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 8 VISITS (2 TIMES PER WEEK FOR 4 WEEKS) TO RIGHT KNEE ONLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, surgery and work modifications) an acupuncture trial for pain management would have been reasonable and supported by the California MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 8 sessions, which is exceeding the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.