

Case Number:	CM13-0032083		
Date Assigned:	07/02/2014	Date of Injury:	04/27/2010
Decision Date:	08/05/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 a licensed Chiropractic & 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:

The claimant is a 51 year old female who sustained a work related injury on 4/27/2010. Her diagnoses are right knee pain, low back pain, degenerative disc disease, right knee grade IV chondral effects of the trochlea and patella and status post osteotomy and autologous chondrocyte implantation. Prior treatment includes physical therapy, home exercise program, surgeries, cortisone injection, acupuncture, topical medication, and oral medication. She is working full time with restrictions. Per a PR-2 dated 8/30/2013, the claimant has pain in the low back and also the right knee anteriorly and posteriorly. Objective examination findings show that range of motion is limited in the right knee to 5 degrees. Gait is anatalgic. Per a PR-2 dated 6/7/2013, the claimant has pain in the right knee and knee examination is normal and gait is functional. The claimant had an initial trial of acupuncture from March to June of 2013. The claimant continued to have acupuncture through August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. In this case, the claimant has had an acupuncture trial. There were some gains initially but not with the last block of treatments. In fact, the knee range of motion has decreased and gait has become antalgic. Work restrictions have not changed. A prior UR review dated 11/8/2013 states that the provider agreed that the claimant has had extensive acupuncture and has reached maximal improvement with that modality. The provider stated that she requested additional acupuncture at the insistence of the claimant and that she does not think additional acupuncture is medically necessary. Therefore, the request for additional acupuncture sessions is not medically necessary and appropriate.