

Case Number:	CM13-0041679		
Date Assigned:	12/20/2013	Date of Injury:	05/08/2009
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois and Texas. 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 51-year-old female who reported an injury on 05/08/2009. The patient is diagnosed with a sprain of the meniscus, internal derangement of the knee, generalized osteoarthritis, and plantar fasciitis. The patient was seen by [REDACTED] on 09/17/2013. The patient reported ongoing joint pain, stiffness, swelling, and spasm. It is noted that the patient was scheduled for a total knee replacement in October. Physical examination was not performed. Treatment recommendations included additional acupuncture treatment twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce

functional improvement includes 3 treatments to 6 treatments with a frequency of 1 time to 3 times per week. As per the clinical documentation submitted, the patient previously participated in a course of acupuncture treatment. Although it is stated that the patient reported 50% improvement in pain symptoms, there is no evidence of objective measurable improvement. Documentation of the previous course of acupuncture with treatment duration and efficacy was not provided for review. Despite ongoing treatment, the patient continues to present with complaints of joint pain, stiffness, swelling, and muscle spasm. Based on the clinical information received, the request is non-certified.