

Case Number:	CM13-0044200		
Date Assigned:	06/09/2014	Date of Injury:	01/01/2012
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 patient is a 50 year old male with a cumulative trauma of the left knee date of injury of 1/1/2012. Submitted records indicated diagnosis of left knee symptomatic chondromalacia of the patella with a surgical history of left knee arthroscopic partial lateral meniscectomy, chondroplasty, and partial synovectomy on 9/27/2012. Medications included pain creams, pain patches, sleep medications, and pain medications. Most recent diagnosis was sprain of the knee and leg not otherwise specified. The treatments included unknown number of physical therapy, chiropractic, and acupuncture sessions. The request for 1 session of acupuncture was initially non-certified on 10/8/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) SESSION OF ACUPUNCTURE BETWEEN 10/4/2013 AND 11/18/2013: 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: The Acupuncture Medical Treatment Guidelines recommend an initial course of acupuncture therapy. The frequency suggested is one to three times per week for an optimum duration of one to two months. From the treatments, the time frame to produce

functional improvement is within three to six treatments. Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination. Acupuncture treatments may be extended if functional improvement is documented as defined above. At this time, acupuncture visits are not indicated. A review of submitted documents noted the patient received a trial of acupuncture visits without any documented functional improvement. The cited guidelines do not warrant continuing with acupuncture care without documented functional improvement. Therefore, the request for 1 acupuncture visit is not medically necessary.