

Case Number:	CM13-0045844		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2009
Decision Date:	04/17/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 Claimant is a 52-year-old male who sustained a work related injury on 11/18/2009. His diagnoses are: chronic left knee pain, sprain of the left knee, unicompartmental arthroplasty, and synovectomy. Prior treatment includes partial knee replacement, radiofrequency ablation, cortisone injections, piriformis injections, chiropractic, physical therapy, epidural injections, oral medications and acupuncture. There was prior acupuncture was rendered on 9/27/13, 10/2/13, 10/4/13, 10/9/13, 10/11/13, 10/16/13, and 1/3/2014. Per the acupuncturist report on 9/27/13, the claimant has not received prior acupuncture. However, per a physiatric occupational report dated 9/25/2013, the physician states that the claimant reports excellent progress with acupuncture. Acupuncture is requested as maintenance since it has been efficacious in decreasing symptoms and maintaining function. There are also acupuncture notes from 8/14/2013, 8/2/2013, 8/21/2013, 8/9/2013, 8/7/2013. Per an acupuncturist report dated 8/2/2013, she also states that the claimant has had no prior acupuncture. The acupuncture notes state improvement each time, but there is no consistent functional improvement or summary of functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT ACUPUNCTURE TWICE A WEEK FOR THREE WEEKS: 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. It is unclear how many total acupuncture sessions have been rendered. In both acupuncture reports, the same acupuncturist states that the claimant has not had prior acupuncture. It appears that claimant has had at least 12 sessions of acupuncture. The provider failed to document objective functional improvement associated with his acupuncture visits. Each acupuncture note has an improvement but it is not mentioned on the next note. Therefore further acupuncture is not medically necessary based on no lasting functional improvement