

Case Number:	CM13-0045938		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2008
Decision Date:	02/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 expert reviewer is a Licensed Chiropractor and Licensed 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 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:

Claimant is a 66 year old male who sustained a work injury 5/28/2008. He has low back, right shoulder, bilateral knee pain. His primary diagnoses are herniated lumbar nucleus pulposus, right knee internal derangement, left knee sprain/strain, bilateral shoulder rotator cuff tear, diabetes and peripheral neuropathy. Prior treatment includes acupuncture and injections. The prior denial stated that there have been already 12 acupuncture sessions without any documented functional improvement. According to a PR-2 dated 11/26/2013, the patient has not shown subjective or objective improvement or functional restoration of work ability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for bilateral knees and wrists: 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. However the provider failed to document functional improvement

associated with his acupuncture visits and even notes no improvement at all in his last submitted report. Therefore further acupuncture is not medically necessary