

Case Number:	CM13-0058227		
Date Assigned:	03/31/2014	Date of Injury:	05/23/2011
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 Chiropractic, has a subspecialty 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 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 54 year old female who sustained a work related injury on 5/23/2011. Per a PR-2 dated 10/28/2013, the claimant has increased right knee pain and new left knee pain due to abnormal gait. She also has symptoms in her neck, back, left shoulder, right hand/thumb, and bilateral hips. She continues to have flare-up with activities of daily living, as well as with the modified duties at work. Prior treatment includes physical therapy, bilateral knee surgery, aquatic therapy, acupuncture, cortisone injections, and voltaren injections. The patient says she has been receiving acupuncture for her left knee pain since 2011. She has been seeing her acupuncturist for increasing knee pain since four months ago. Her primary diagnoses are bilateral knee sprain, patellofemoral arthralgia, and osteoarthritis. The patient was declared permanent and stationary on 2/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1X6: 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. The claimant has had an unknown number of acupuncture visits since 2011. However the provider failed to document functional improvement associated with her acupuncture visits. Therefore further acupuncture is not medically necessary.