MAXIMUS Federal Services

Case Number:	CM13-0058344		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2012
Decision Date:	03/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 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:

Claimant is a 50 year old male who sustained a work related injury on 2/8/2012. His primary diagnosis is unspecified internal derangement of knee, tear of medial cartilage or meniscus of knee, strain of the cruciate ligament. Prior treatment includes oral medication, topical medication, physical therapy, TENS, and shockwave therapy. Per a PR-2 dated 11/24/2014, he has worsening constant right knee pain. The pain is aggravated by activity. Medications offer him temporary relief. Prior request for acupuncture appears to be denied, however the expert states that his recommendations were to continue with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right knee, once a week for 15 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had any acupuncture. However, according the evidenced based guidelines, fifteen visits are not necessary whether this is a request for an initial trial or for further visits. If this is a request for an initial trial, 15 visits exceeds the recommended allowance for an initial trial. If this a request for further visits after an

initial trial, then further acupuncture visits are only 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. There is no documentation of functional improvement. Therefore further acupuncture is not medically necessary.