

Case Number:	CM13-0062241		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2009
Decision Date:	03/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Care and 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 claimant is a 68 year old male who sustained a work related injury on 12/14/2009. His diagnoses are shoulder joint pain, elbow joint pain, lumbosacral strain/sprain, and knee pain. Prior treatment includes physical therapy, acupuncture, oral medication, left knee surgery, left shoulder surgery, and injections. Per a Pr-2 dated 11/12/2013, he has left shoulder pain, left elbow pain, left knee pain, and lower back pain. His pain is worse with prolonged walking, sitting and standing. The provider notes that the claimant has less spasms, pain, and decreased medication with prior acupuncture visits. He also recommends surgery for the left knee. Per an acupuncture report dated 8/4/2013, the acupuncturist documents that the claimant has increased his ability to work, sleep, and reduced his use of medications with acupuncture. He also has improvement in many activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six 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. The provider has documented functional improvement from prior visits. However, a request for twelve visits at a time without further documentation of functional improvement is excessive. It is recommended that the provider request 4-6 visits at a time. Upon further documentation of functional improvement, acupuncture may be medically necessary. Therefore 12 further visits of acupuncture are not medically necessary.