

Case Number:	CM13-0063243		
Date Assigned:	12/30/2013	Date of Injury:	11/25/2011
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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, 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:

Claimant is a 62 year old female who sustained a work related injury on 11/25/2011. Per a PR-2 dated 12/17/2013, she complains of constant right knee pain that radiates to the right ankle, right hip, and low back and is accompanied by weakness. Her pain is increased with walking, standing and sitting and relieved by rest and medications. She states that her pain is well controlled by mediation. Her primary diagnoses are right lower extremity radiculopathy and neuropathy, right knee contusion, and right knee chondromalacia patella. The physician states that she will start acupuncture, implying that she has not started. However, there is an acupuncture initial visit submitted in the documentation on 11/19/2013. Six acupuncture visits were certified as a trial on 11/22/2013. Prior treatment includes cortisone shot, physical therapy, oral medication, and acupuncture. There is no further documentation of completion of the trial or of functional improvement related to the trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks for the right knee: 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, an initial acupuncture trial should not exceed six visits. After the initial trial, further visits are medically necessary based on documented functional improvement. As a request for an initial trial, 12 visit exceeds the six visit max and is therefore not medically necessary. As a subsequent request, there is no documentation of completion of the trial or of functional improvement from the authorized trial. It appears that acupuncture has been initiated on 11/19/2013. Therefore further acupuncture is not medically necessary.