

Case Number:	CM13-0066251		
Date Assigned:	01/03/2014	Date of Injury:	09/04/2011
Decision Date:	10/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 licensed in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for a left knee injury that occurred on 9/4/11. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain with limited range of motion. The treating physician requested six sessions of acupuncture to treat her pain and to reduce some of her symptoms. Work status is with restrictions and the applicant is permanent and stationary. The applicant has multiple diagnoses consisting of multiple body parts including shoulder, elbows, lumbar spine, left knee and trauma. Her treatment to date includes, but is not limited to, status- post on 2/5/13 left knee surgery, physical therapy, injections, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 11/20/13, the UR determination did not approve the six sessions of acupuncture indicating acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, as per MTUS. Records do not indicate the claimant actively involved in physical rehab or recently underwent surgery. Therefore, the advisor recommended for denial.

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 THREE (3) WEEKS FOR THE LEFT KNEE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating Initial acupuncture care is based on utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Further acupuncture, beyond an initial trial depends upon "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication or recent involvement in physical rehabilitation program. However, the applicant received surgical intervention recently and has not received prior acupuncture to date. Therefore, given the MTUS guidelines for acupuncture care detailed above and including the fact the initial trial is for 3-6 visits, this request for six visits is medically necessary and appropriate to hasten recovery from her left knee surgery on 2/05/13.