

Case Number:	CM13-0067179		
Date Assigned:	01/03/2014	Date of Injury:	03/02/2010
Decision Date:	03/25/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 Chiropractic 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:

Claimant is a 41 year old male who sustained a work related injury on 3/2/2010. Per a PR-2 dated 11/25/2013, his diagnoses are left knee DJD, status post surgery of left knee, and low back pain. Claimant has pain the left knee and low back. He has limited range of motion in the low back and left knee. According to a report from an agreed medical examiner dated 9/24/2013, he states that "acupuncture treatment did not help at all, did not get any relief." Prior treatment includes surgery, physical therapy, acupuncture, oral medications, topical medications and epidural injections. It is unclear how many acupuncture sessions were rendered for the claimant in 2013. Per a PR-2 dated 2/18/2013, the provider states that the claimant reports 25% pain relief and functional gain from completing 6/6 sessions of medical acupuncture. Per a PR-2 dated 3/18/2013, the provider states that he has 30-40% pain relief, functional gain and ADLs improvement from completing 6/6 sessions of medical acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture visits for the left 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, 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. It is unclear how many acupuncture visits have already been provided. However the provider failed to document objective functional improvement associated with his acupuncture visits. Another report from an agreed medical examiner states that acupuncture provided no benefit. Therefore further acupuncture is not medically necessary.