

Case Number:	CM13-0067254		
Date Assigned:	01/03/2014	Date of Injury:	11/04/2012
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
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 Board Certified 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 49 year-old who sustained a work related injury on 11/4/2012. Six acupuncture sessions were certified on 11/22/2013. Prior treatment includes acupuncture, chiropractic, injections, topical medication, and oral medication. The claimant has at least 18 total acupuncture sessions. Acupuncture notes were submitted for six visits starting on 12/12/13 to 1/22/14. No functional improvement is documented in the notes. Per a Pr-2 dated 11/5/2013, the claimant states that acupuncture has helped the claimant strengthen his knee and decrease tension in the back. Per a PR-2 dated 12/3/2013, the claimant continues to have right knee pain and that it continues to pop. The claimant also has left shoulder pain that increases with cold weather and restricted range of motion. The diagnoses are left shoulder impingement, lumbar radiculopathy, and right knee internal derangement. The claimant remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT FOR TWELVE SESSIONS, THREE TIMES A WEEK FOR FOUR WEEKS FOR THE BACK, LEFT SHOULDER, AND RIGHT KNEE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has had extensive acupuncture treatment, however the provider failed to document functional improvement associated with acupuncture treatment with the most recently approved six visits. The claimant remains off work. Therefore further acupuncture is not medically necessary.