

Case Number:	CM13-0070506		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2012
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 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:

The claimant is a 52 year old male who sustained a work related injury on 11/15/2012. His diagnoses are left knee internal derangement, left ankle sprain/strain, left shoulder impingement, rule out acromioclavicular joint injury, lumbar sprain/strain. Prior treatment includes physical therapy, chiropractic, TENs, and oral medication. Per a PR-2 dated 11/14/2013, the claimant continues to have left knee pain with tingling. His right knee also has pain. His ROM of his left knee and lumbar spine is decreased by 50%. The claimant has had extensive acupuncture of an unknown total quantity. He had 11 sessions of acupuncture from 1/7/13 to 3/18/13. There were also at least 39 sessions of acupuncture from 4/15/13 to 11/4/13. The claimant does not appear to be making any improvement and rather is getting worse. His pain quality and severity increased from treatment #1-#39. Also no functional improvement is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Additional Acupuncture Treatments.

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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had extensive acupuncture of at least 50 sessions in 11 months. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further Acupuncture is not medically necessary.