

Case Number:	CM14-0011071		
Date Assigned:	02/21/2014	Date of Injury:	04/26/2012
Decision Date:	06/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/24/2014

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 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 represented male, employed by [REDACTED] who has placed a claim for an industrial injury to multiple body parts after a crushing injury. The applicant was standing behind one truck when another truck backed right into him and sandwiching him between both trucks; thus fracturing his right patella, his left distal femur, and proximal fibula. His diagnosis immediately after, is internal derangement of bilateral knees. Since this incident on April 26, 2012, the applicant underwent care with an orthopedist, physical therapist, acupuncturist, and chiropractor. He had ACL reconstruction surgery of his right knee. Throughout the two years, MRI's and X-rays obtained, ultrasound of bilateral knees, topical and oral anti-inflammatory and pain medication applied, and hot and cold modalities administered. Before December 23, 2013, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive acupuncture therapy and did not certify such noting there is no comprehensive assessment of any treatment completed to date, especially with the patient's response to such. Therefore, the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 8 VISITS BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the applicant has had prior acupuncture care without evidence of functional improvement. As noted in the Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. The request for eight sessions of acupuncture for the bilateral knees is not medically necessary or appropriate.