

Case Number:	CM14-0129229		
Date Assigned:	08/18/2014	Date of Injury:	08/19/1999
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 a licensed in Chiropractor and Acupuncturist 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 63 year old female who sustained a work related injury on 8/19/1999. Prior treatment has included acupuncture, synvisc injections, oral medication, left ankle and left knee surgery, psychological treatment, TENS, chiropractic, and physical therapy. Per a Pr-2 dated 7/3/2014, the claimant reports continuing bilateral knee pain. Recently her right knee pain has been worse than her left knee. She does have plans for surgery. She recently had synvisc injections which have helped some. The claimant indicates acupuncture has also provided significant symptomatically and functional improvement. Her activities are quite limited by pain. She had six visits of acupuncture between 4/24/2014 to 5/29/2014. On 5/29/2014, the acupuncturist stated that the claimant had decreased pain in her low back and bilateral knee for three days after the last acupuncture treatment. She had an injection into the knees two days prior to the report. Six additional visits of acupuncture were approved on 7/14/2014. Her diagnoses are osteoarthritis of the knee and degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 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 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 prior acupuncture of unknown quantity. Six recent acupuncture visits were completed with reported subjective improvement. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Also six further visits were approved after the last report. There is no documentation of completion or of functional improvement from those approved visits. Therefore, twelve further visits are not medically necessary.