

Case Number:	CM14-0164842		
Date Assigned:	10/09/2014	Date of Injury:	04/20/2014
Decision Date:	12/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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 licensed in Chiropractic & 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 71 year old female who sustained a work related injury on 4/20/2012. Twelve visits of acupuncture were approved on 6/30/2014. Prior treatment has included physical therapy and medications. Per a PR-2 dated 8/26/2014, the claimant has had no significant improvement since the last exam. She continues to have right knee pain as well as instability. She continues to have bilateral shoulder pain and restricted range of motion. She is undergoing acupuncture which is helping her shoulder pain. Her diagnoses are shoulder impingement and internal derangement of the knee. Objective findings remain the same from prior to the initiation of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 3x4 (12 sessions) to the right knee, bilateral shoulders and left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.