

Case Number:	CM14-0171494		
Date Assigned:	10/23/2014	Date of Injury:	09/21/2010
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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:

Claimant is a female who sustained a work related injury on 9/21/2010. Per a Pr-2 dated 9/29/2014, the claimant's left knee pain is improving. She was able to squat without left knee pain. She states that therapy is helping a lot. She has some tenderness to palpation around medial left tibial plateau. Her diagnoses are left knee sprain, left knee ACL insufficiency, left knee sprain, stress, anxiety and depression, and sleep disturbance. She is not working. Per a prior UR review dated 10/8/14, the reviewer tried to contact the physician with no response. No other notes were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) Additional Acupuncture 2 times a week for 6 weeks for the left knee as outpatient:
Upheld

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

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 of unknown quantity and duration and can squat without pain now. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There is no documentation of a limitation of squatting prior to treatment. Therefore further acupuncture is not medically necessary.