

Case Number:	CM14-0176052		
Date Assigned:	10/29/2014	Date of Injury:	02/02/2007
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 58 year old female who sustained a work related injury on 2/2/2007. Per a Pr-2 dated 10/20/2014, the claimant is the same and is not being treated for the left knee with acupuncture. She is only being treated for her left shoulder. Examination shows that she has painful crepitus of the left knee. Her diagnoses are old disruption of ligaments, sprain/strain of knee/leg, pain in the lower leg, and osteoarthritis. She is not working. Per a PR-2 dated 8/22/2014, the claimant has been doing acupuncture for the right shoulder with no improvement. Prior treatment includes injections, medications, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture to left knee and shoulder two times a week for four weeks: 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 a prior recent acupuncture trial with no benefits on the left shoulder. Without functional benefits from the trial, further acupuncture is not medically necessary. If this is a request for an initial trial of acupuncture on the left knee, then eight visits exceeds the recommended guidelines for an initial trial. Therefore, the request is not medically necessary.