

Case Number:	CM14-0023153		
Date Assigned:	05/14/2014	Date of Injury:	03/26/2007
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Chiropractic and 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 37 year old male who sustained a work related injury on 3/26/2007. His diagnoses are left knee medial compartment syndrome, moderate chonromalacia, lumbar spine degenerative disease. Prior treatment includes Tens, lumbar steroid injections, oral medications, topical medications, physical therapy, bracing, popliteal nerve block, and acupuncture. He has also had a few surgeries including 12/12/2013 - left lateral ligament repair, 4/29/13 L4-5 decompression and fusion, and medial compartment arthroscopy 7/1/2013. Per a Pr-2 dated 12/11/2013, the claimant is using a cane for walking and has pain after walking for more than 30 minutes. Per PR-2 dated 1/27/2014, the claimant complaints of constant, aching pain in the low back that increases with walking and radiates to the left buttock and down the leg. The pain also radiates around the left side and into the groin. The claimant also complains of sharp, constant knee pain that increases with walking. Per a Pr-2 dated 2/3/2014, an acupuncture trial was approved for the left knee. Per a Pr-2 dated 2/24/2014, claimant is able to walk without a cane after acupuncture treatments for 2 hours. Per a Pr-2 dated 4/9/2014, the claimant has completed his acupuncture and feels improved with manageable pain. He has returned to modified work with no lifting over 40 lbs and no squatting.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR 4 WEEKS (2XWK X 4WKS): Overturned

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 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 an initial trial of acupuncture and has had functional improvement. He is able to walk without a cane and for 2 hours improved from not being able to walk without a cane or for more than 30 minutes. The claimant was also able to return to work. Therefore the request for acupuncture 2 times a week for 4 weeks is medically necessary and appropriate.