

Case Number:	CM14-0023243		
Date Assigned:	05/14/2014	Date of Injury:	06/23/2013
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
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 a Licensed Chiropractic & 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:

The claimant is 49 year old female who sustained a work related injury on 6/23/2013 and 9/11/2012. Per a PR-2 dated 4/9/2014, the claimant is post op of the right knee. She is having pain with weight bearing activities, kneeling, squatting, extended walking, stairs. She also has increased low back pain down the hips and the lower extremities with prolonged positions or weight bearing. She is currently undergoing physical therapy and a home exercise program. She had a partial medical meniscectomy of the right knee. Her diagnoses are cervical /thoracic/lumbar/left shoulder/ elbow sprain/strain and lateral epicondylitis, and right and left knee meniscal tear. The claimant has had acupuncture in the past that was helping her per a PR-2 dated 5/2/13. There are several other PR-2s that document that the claimant had acupuncture once a week along with chiropractic in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (2) TIMES A WEEK FOR (6) WEEKS TO CERVICAL/THORACIC AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Treatment 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. In this case, the claimant has had an unknown number of sessions of acupuncture but enough to substantiate an initial trial. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore, the request for acupuncture twice a week for six weeks for the cervical, thoracic, and lumbar spine is not medically necessary and appropriate.