

Case Number:	CM14-0037029		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2012
Decision Date:	07/31/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 & 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 40-year-old male who sustained a work related injury on 9/20/2012. Six acupuncture sessions were certified 2/26/2014. Prior treatment includes left knee meniscectomy and synovectomy. The claimant is working with limitations. His diagnoses are left knee pain and mechanical symptoms, left knee medical meniscus tear, and status post left knee arthroscopy with partial medial and lateral meniscectomy and partial synovectomy. Per a progress report dated 1/3/2014, the claimant has low back and lower extremity symptoms. He is not undergoing any type of physical therapy or treatment. He is taking medications with no side effects. Per a progress report dated 2/12/14, the claimant has intermittent moderate left knee pain with popping, worse with prolonged walking, stopping, and squatting. There is limited range of motion of the knee and tenderness to palpation around the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) post-operative acupuncture, three (3) times per week for six (6) weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to CA MTUS Acupuncture Medical Treatment Guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. In this case, there is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore, further acupuncture is not medically necessary. If this is a request for an initial trial, eighteen visits exceeds the recommended guidelines for an initial trial. Based on the above, the request for eighteen (18) post-operative acupuncture, three (3) times per week for six (6) weeks for the left knee is not certified.