

Case Number:	CM14-0048544		
Date Assigned:	06/25/2014	Date of Injury:	07/04/2012
Decision Date:	08/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 49 year old female who sustained a work related injury on 7/4/2012. Her diagnoses are lumbosacral strain, subluxation of patella, chondromalacia patella, pain in joint, osteoarthritis lower leg, contusion of knee, and dislocation of knee recurrent. Prior treatment includes chiropractic, acupuncture, left knee surgery, medications and physical therapy. The claimant has had extensive acupuncture in the last year of at least 16 sessions. She has also acupuncture previously to this past year. The current request is for 2x week x 1 week of post surgical acupuncture and 1x a week for 2 weeks of post surgical acupuncture. Per a PR-2 dated 2/10/2014, the claimant has been approved for arthroscopy on 1/24/2014 for the right knee. The claimant states that the claimant has had approximately 26 visits of acupuncture on her lower back. She is working with restrictions. Six acupuncture sessions were approved on 2/18/14. Per a acupuncture report dated 2/26/2014, the claimant is doing well and ready for surgery. Per a Pr-2 dated 3/5/2014, the claimant reports that her left knee has improved sufficiently to schedule her right knee arthroscopic surgery. She walks with no external support. There is full range of motion and no effusion in her left knee. The provider has requested surgery for the right knee. The provider also states that whether or not she will require acupuncture remains to be seen, but he would not hesitate to recommend further acupuncture given her positive response on the left knee. She is off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1xwk x 2wks Right 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 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 extensive acupuncture. Prior to the recent set of six visits the claimant was released to working with light restrictions. After the six visits, the claimant was off work. The provider did not address why there was a decrease of ability to perform work related functions. Also the request is for post surgical acupuncture. The provider states that it is unclear whether acupuncture be needed, but he is requesting it anyway. The surgery is apparently approved but not scheduled. Further acupuncture is not medically necessary given the decrease of functional improvement with the last set of acupuncture, uncertainty of scheduled future surgery, and uncertainty of the provider on whether acupuncture would be needed. Given the above the request is not medically necessary.

Acupuncture 2x wk x 1 wks Right 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 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 extensive acupuncture. Prior to the recent set of six visits the claimant was released to working with light restrictions. After the six visits, the claimant was off work. The provider did not address why there was a decrease of ability to perform work related functions. Also the request is for post surgical acupuncture. The provider states that it is unclear whether acupuncture be needed, but he is requesting it anyway. The surgery is apparently approved but not scheduled. Further acupuncture is not medically necessary given the decrease of functional improvement with the last set of acupuncture, uncertainty of scheduled future surgery, and uncertainty of the provider on whether acupuncture would be needed. Given the above the request is not medically necessary.