

Case Number:	CM14-0058569		
Date Assigned:	07/14/2014	Date of Injury:	02/08/2013
Decision Date:	12/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 Chiropractor, has a subspecialty in 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 patient is a 42-year-old male with a date of injury of 2/08/2013. According to the report dated 4/02/2014, the patient complained of right knee pain with swelling and soreness. The patient has difficulty with prolonged standing, bending, and getting up from a seated position. Significant objective findings include atrophy in the right lower extremity compared to the left for the calf. There was some muscle weakness in the right lower extremity. The patient was diagnosed with right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions to Right Knee, 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had acupuncture in the past. However, there was no documentation of the outcome from prior acupuncture sessions. Therefore, the provider's request for 6 acupuncture sessions to the right knee 2 x 3 is not medically necessary at this time.

