

Case Number:	CM14-0072073		
Date Assigned:	07/16/2014	Date of Injury:	02/11/2010
Decision Date:	08/25/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 licensed 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:

This claimant is a 66 year old female who sustained a work related injury on 2/11/2010. Per a PR-2 dated 4/23/2014, the claimant has no significant improvement since the last exam and continues to have bilateral knee pain. She had right knee arthroscopic surgery last week. She is unable to bear weight on her left lower extremity. Her diagnoses are lumbar radiculopathy, postsurgical status, and derangement of the joint. Per a PR-2 dated 3/11/2014, the claimant continues to have problems with balance and weakness. She falls easily and limps. She has leg length discrepancy. She states that acupuncture helps with her pain. The claimant is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 for back, neck, bilateral hips, left leg, LLE buttocks: 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 prior acupuncture, and the claimant reports pain relief. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. If this is a request for post-surgical acupuncture, twelve visits exceeds the recommendations for a trial of acupuncture Therefore, further acupuncture is not medically necessary and appropriate.