

Case Number:	CM14-0136086		
Date Assigned:	09/03/2014	Date of Injury:	08/28/2006
Decision Date:	05/06/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker (IW) is a 61 year old male who sustained an industrial injury on 08/28/2006. He reported trauma to the left knee. The injured worker was diagnosed as having thoracic spine sprain, lumbar spine sprain, left peroneal neuropathy, and left knee status post arthroscopy. The IW had diagnostic CT of the lumbar spine 06/24/2008, and MRI of the lumbar spine on 06/27/2008 and again on 04/19/2014, a MRI of the thoracic spine on 04/19/2014, and a MRI of the left knee on 04/19/2014. Treatment to date has included a left knee arthroscopy in 2008, epidural steroid injections, physical therapy, medication management, massage therapy and electrical stimulation. Diagnoses include thoracic spine sprain, lumbar spine sprain, left peroneal neuropathy, and left knee status post arthroscopy. Currently, the injured worker complains of constant and severe thoracolumbar pain with bilateral lower extremity radiculopathy and left knee pain. The treatment plan on 08/08/2014 included ultrasound of the left kidney to rule out renal cyst, referral to a neurospine surgeon, referral to a general orthopedic surgeon, and pain management. Shockwave therapy of the left knee and lumbar spine and acupuncture are also part of the treatment plan. A request for authorization was made for 12 Sessions of Acupuncture for the Left Knee and Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture for the Left Knee and 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 evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.