

Case Number:	CM15-0064606		
Date Assigned:	04/28/2015	Date of Injury:	05/16/2014
Decision Date:	08/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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:

This injured worker is a 50 year old male, who reported an industrial injury on 5/16/2014. His diagnoses, and or impression, were noted to include: strain/sprain of the knee/leg; right & left knee; right & left ankle; and right & left feet. The medical records note the right knee as the only accepted body part for this claim. Electrodiagnostic studies of the lower extremities were noted on 8/22/2014; no current x-rays or imaging studies were noted. His treatments were noted to include physical therapy; chiropractic therapy for the right knee/ankle and lumbar spine (11/2014); acupuncture therapy for the lumbar spine and bilateral knees/feet (10-11/2014); neurology consultation; and rest from work. The progress notes of 12/30/2014 were hand written and mostly illegible, but reported lower back and right knee pain. Objective findings were illegible. The physician's requests for treatments were noted to include additional acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.