

Case Number:	CM13-0038894		
Date Assigned:	12/18/2013	Date of Injury:	11/06/2012
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 50-year-old female with a date of injury of 11/06/2012. According to the progress report dated 9/16/2013, the patient complained of low back pain and spasms. The patient reported that her symptoms had increased over the last few weeks and went to the emergency room due to low back pain. She also complained of right knee pain and utilizes a brace. Significant objective findings include tenderness over the paraspinal musculature and positive straight leg raise. Her range of motion in the lumbar spine is as follow 40 degrees in flexion, 15 degrees in extension, right side bend was 10 degrees, and left side bending was 17 degrees. The patient was diagnosed with status post right knee arthroscopy with debridement of the medial meniscus and chondroplasty 3/14/2013 with residual spurring/sprain/patellofemoral arthralgia; left knee sprain with patellofemoral arthralgia secondary to abnormal gait; and lumbar musculoligamentous sprain/strain with three millimeter disc bulge and right neuroforaminal stenosis at L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture two (2) times a week times three (3) weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate that the patient had prior acupuncture care. According to the acupuncture progress report by [REDACTED] the patient had increased range of motion, increased strength, increased endurance, better sleep, increase body mechanics and ability to perform activities of daily living. Therefore, the provider's request for additional acupuncture sessions 2 times a week for 3 weeks is medically necessary at this time.