

Case Number:	CM14-0120442		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2013
Decision Date:	09/26/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 claimant is a 63 year old male who sustained a work related injury on 7/1/2013. Per a PR-2 dated 7/9/2014, the claimant has continuing bilateral knee pain and has been on temporary total disability for a month now and his pains have improved. His right knee swells with prolonged standing. He has bilateral knee pains and swelling since July 2012. His right knee is worse than left knee. He is currently undergoing physical therapy with temporary relief. His diagnoses are tear of medial meniscus and internal derangement of the knee. According to a prior UR review, the claimant has had bilateral knee cortisone injection 7/7/14. Also the prior UR review requested the provider to clarify if the acupuncture request is for an initial trial. There was no further information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Visits of Acupuncture for the bilateral knees: 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, an initial trial of acupuncture is medically for chronic pain. However, the provider has failed to indicate whether this is a request

for an initial trial. It is not stated in the request for treatment or in the request for independent medical review. Also the prior reviewer tried to contact the provider and there was no callback with the requested information. If this is a request for an initial trial, six visits are medically necessary. However, if this is not a request for an initial trial, there is no functional improvement documented from prior visits to justify further visits. Due to the lack of information provided, acupuncture is not medically necessary.