

Case Number:	CM14-0148110		
Date Assigned:	09/18/2014	Date of Injury:	04/13/2009
Decision Date:	10/16/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This is a 54 year-old male patient with pain complains of the left knee. Diagnoses included status post arthroscopic surgery of the left knee. Previous treatments included: left knee surgery (meniscus repair), oral medication, physical therapy, acupuncture x6 (gains reported as symptoms reduction and function improvement) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made 08-18-14 by the PTP. The requested care was denied on 09-09-14 by the UR reviewer. The reviewer rationale was "after previous acupuncture x6, the submitted reports does not outline if the patient has made significant progress from the completed visits to warrant continued treatments..."

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions 2 times a week for 3 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the

dependency on continued medical treatment." After acupuncture x 6 was rendered, no clear evidence of sustained, significant, objective functional improvement (quantifiable response to treatment like medication intake reduction, specific ADLs improvement, etc) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not supported for medical necessity.