

Case Number:	CM13-0024965		
Date Assigned:	12/13/2013	Date of Injury:	04/21/2012
Decision Date:	06/05/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 Board Certified in Occupational Medicine 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 37 year old female who was injured on 04/21/2012 while she felt a popping sensation from the knee while carrying linens on some stairs, resulting in a fall. Lateral hip pain had developed subsequently thought to be favoring left side while weight bearing. 11/18/2013 Permanent and Stationary Status: Her conditions can be considered permanent and stationary as of the date of this evaluation. A progress note dated 01/23/2014 documented the patient in for follow up. She reports pain in her left knee rated at 8/10. The left foot is 5/10 and the right hip is 9/10 and sharp. Objective findings on examination of the left knee reveal flexion is 95/130 degrees and she lacks 3 degrees of full extension. There is positive medial and lateral joint space tenderness. I do get the feeling that the patient would be able to flex or extend to full, but she is afraid of hurting herself. The patient has mildly antalgic gait. There is no edema, erythema or bony deformity. Diagnoses: Anterior cruciate ligament sprain of the left knee, Left knee degenerative joint disease, Sprain/strain of the left hip, Trochanteric bursitis of the left hip and the right hip. Treatment Plan: Refill medications. This is a titration down from her previous dose. For baseline pain, management and inflammation naproxen 550 mg, omeprazole 20 mg one daily and Tramadol 50 mg one bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per the guidelines, acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The provider has not specified what part of the body acupuncture is requested. Also, there is no mention of prior AP treatments. Therefore, this request is not medically necessary until this information is provided.