

Case Number:	CM13-0048931		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery, 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 55-year-old female who was injured in a work related accident on 08/09/10. Clinical records provided for review document injuries to the bilateral knees and lumbar spine. The clinical assessment dated 09/26/13 documented a diagnosis of lumbar strain and the assessment identified a non anatomic numbness pattern on sensory examination to all four lower extremities dermatomes. The report noted that "it was difficult to explain clinically." Electrodiagnostic studies were recommended. Previous treatment has included medication management, activity restrictions and therapy. At last assessment in September 2013 the recommendation was made for acupuncture treatments of eight sessions for the claimant's right knee. Examination of the right knee noted findings of restricted range of motion at endpoints with a diagnosis of chondromalacia of the patella. The report of an MRI scan of the right knee revealed a myxoid degeneration of the meniscus with no degenerative tearing that was reviewed in early September 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4 TO RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the MTUS Acupuncture Guidelines, the request for acupuncture two times four for the right knee cannot be recommended as medically necessary. The MTUS Acupuncture Guidelines recommend six sessions of acupuncture to determine functional benefit or improvement of symptoms. This specific request for eight sessions of acupuncture exceeds the MTUS Guidelines' criteria. There is also no documentation in the records provided for review that indicates the claimant would be an exception to the MTUS Guidelines' recommendations. The request for acupuncture cannot be recommended as medically necessary and appropriate.