

Case Number:	CM14-0114385		
Date Assigned:	08/04/2014	Date of Injury:	06/29/2012
Decision Date:	09/25/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/22/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 40 year old male who was injured on June 29, 2012 due to pulling an air line from the service truck, was walking backwards and hit something with the back of the heel. The diagnoses listed as tear of medial cartilage or meniscus of knee current. Current medications include Tizanidine 4 milligrams twice daily and Hydrocodone/Acetaminophen 10/325 milligrams. The injured worker underwent left knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, chondroplasty, and partial synovectomy with resection of medial synovial plica. MRI arthrogram of the left knee dated 4/14/14 documented findings consistent with previous partial medial meniscectomy with evidence of chondromalacia I medial compartment and patellofemoral joint. Prior treatment includes H-wave which was helpful to the injured worker, ambulating with a cane, and physical therapy. The most recent progress note dated 6/18/14, reveals complaints of worsening right knee pain. A prior utilization review determination dated 6/26/14 resulted in denial of acupuncture for the right knee two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x6 weeks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This individual is status post complex knee surgery with worsening of right knee pain as of 06/18/14. The medical records provided for review do not include a discussion of how the requested acupuncture may be beneficial functionally and why twelve treatments are necessary to reach a therapeutic goal. As such, the request is not medically necessary and appropriate.