

Case Number:	CM14-0068601		
Date Assigned:	07/14/2014	Date of Injury:	10/30/2012
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 records, presented for review, indicate that this 37-year-old female was reportedly injured on October 30, 2012. The mechanism of injury was a motor vehicle accident. The most recent progress note, dated July 15, 2014, indicated that there were ongoing complaints of right knee pain and stiffness. The physical examination demonstrated tenderness over the medial and lateral joint line of the right knee. Range of motion was from 0 degrees to 110 degrees. There was a positive McMurray's test and Apley's test. Diagnostic imaging of the right knee revealed a tear of the posterior horn of the medial meniscus and degenerative changes of the lateral meniscus as well as degeneration of the anterior cruciate ligament. A right knee arthroscopy was recommended. Previous treatment included physical therapy and chiropractic treatment. A request had been made for 12 acupuncture sessions for the lumbar spine and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, acupuncture is considered an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. According to the attached medical record, there is no documentation that pain medication has been reduced or is not tolerated. Additionally, initial treatment should include 3 to 6 treatments followed by a reevaluation and this request is for 12 treatments. For these multiple reasons, this request for 12 sessions of acupuncture is not medically necessary.