

Case Number:	CM14-0208220		
Date Assigned:	12/19/2014	Date of Injury:	09/24/1997
Decision Date:	03/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 9/24/1997. Per primary treating physician's progress report dated 9/11/2014, the injured worker complains of lower back and bilateral knee pain. Her back pain is rated at 9/10 and worsening. Bilateral knee pain is worse in the right and rated at 8/10. She also complains of numbness and tingling in the toes of the left foot. Swelling continues as she stands when she stands for periods greater than 10 minutes. The right knee locks up on her and the left knee continues to buckle on her. She also continues to complain of heel bone pain. On exam she has an antalgic gait favoring the left. Toe walk reveals pain on both sides. Heel walk is positive on the right. Kemp's test/facet is positive on the left. Straight leg raise supine test is positive on the right and left. Lumbar range of motion is reduced in all planes. She is unable to squat rise or duck walk. She heel walks with difficulty. Palpation of the knees reveals nonspecific tenderness. Palpation indicates moderate tenderness at the medial and collateral ligaments of the right and left knees. Diagnoses include 1) discogenic back pain. 2) knee internal derangement. 3) left knee status post arthroscopy. 4) right knee meniscal tear. 5) left calcaneus tendinitis/bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x a week for 6 weeks (unspecified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. Utilization review dated 11/17/2014 did not certify this request because the medical records did not specify what body part was to be treated with acupuncture. The injured worker is noted to have chronic pain that is not managed well with medications or therapy. The MTUS Guidelines do not specify that body parts are needed to be specified for acupuncture treatments. The request for Acupuncture 1 x a week for 6 weeks (unspecified) is determined to be medically necessary.