

Case Number:	CM14-0035092		
Date Assigned:	06/23/2014	Date of Injury:	07/08/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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: Chiropractor, Oriental 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:

The injured worker is a 71 year old male, who sustained an industrial injury to the right leg on 7/8/09 after he twisted the leg while climbing a ladder. The diagnoses have included Pain Right Leg and Low Back, S/P Right Total Knee Replacement. Treatment to date has included medications, surgery, physical therapy and acupuncture. Surgery has included right arthroscopic partial medial meniscectomy, chondroplasty and synovectomy and right Total Knee Replacement (TKR) on 10/8/10. Currently, as per the physician progress note dated 2/21/14, the injured worker stated that he had started acupuncture to the low back, right leg and knee. It was noted that he had on and off pain to the medial knee rated 3/10 on pain scale. The physician exam revealed continued trigger points right medial knee, mild pain with flexion, spasms, and painful range of motion. The Treatment Plan included urine toxicology, genetic testing for narcotic risk, topical and oral medications to reduce pain and continue acupuncture. The physician requested treatment included Acupuncture 1 x week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends acupuncture for pain. It states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had acupuncture treatments in the past. However, there was no documentation of functional improvement with prior acupuncture treatments. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.