

Case Number:	CM15-0100828		
Date Assigned:	06/03/2015	Date of Injury:	02/07/2014
Decision Date:	11/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 50 year old male injured worker suffered an industrial injury on 2-7-2014. The diagnoses included left knee pain, acute traumatic injury to the MCL of the left knee, symptomatic tendinosis of quadriceps and meniscal tear and left knee arthroscopy 7-17-2014 with reconstruction of the MCL. On 4-22-2015 the treating provider reported continued pain in the left knee with popping and clicking with movement. He reported difficulty with squatting and kneeling along with swelling with too much activity. On exam there was tenderness to the left knee joint. Prior treatment included Celebrex and home exercises. Request for Authorization date was 4-23-2015. The Utilization Review on 5-4-2015 determined non-certification for Acupuncture for the left knee, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left knee, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, which is exceeding the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore the request is not medically necessary.