

Case Number:	CM15-0101449		
Date Assigned:	06/03/2015	Date of Injury:	10/24/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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 53-year-old male, who sustained an industrial injury on October 24, 2014. He reported injuries of the neck, right shoulder, and right knee due to cumulative trauma. The injured worker was diagnosed as having internal derangement of the right knee. On January 13, 2015, an MRI of the right knee revealed oblique tears of the posterior horn of the lateral and medial menisci, a tear of the posterior cruciate ligament, and fluid in the joint space. Treatment to date has included acupuncture, physical therapy, medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 29, 2015, the injured worker complains of constant pain and weakness of bilateral knees. The physical exam revealed tenderness with muscle spasms of the cervical spine at cervical 2-7 and the lumbar spines at lumbar 1-5. There were positive bilateral straight leg raises. The injured worker is to remain off work. The treatment plan includes acupuncture. Per a UR note dated 5/13/15, the claimant has been previously certified 20 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.