

Case Number:	CM15-0102161		
Date Assigned:	06/04/2015	Date of Injury:	01/13/2010
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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 50 year old female, who sustained an industrial injury on 1/13/10. She reported pain in knees after tripping and falling while carrying a hose. The injured worker was diagnosed as having bilateral knee pain. Treatment to date has included oral medications including opioids, knee injections, right and left knee surgery and activity restrictions. Currently, the injured worker complains of right knee pain rated 4/10 described as throbbing and burning and left knee pain rated 4/10 described as burning. She is currently working on modified duty. Physical exam of left knee revealed tenderness to palpation and exam of right knee revealed tenderness to palpation. The treatment plan included conservative therapy, oral pain medication and 8 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 5/11/15 UR determination denied the request for Acupuncture care, 8 visits to manage the patients bilateral knees citing CAMTUS Acupuncture Treatment Guidelines. The request for additional care failed to address the patients prior Acupuncture treatment history with evidence that care applied improved ADL's or led to modification or elimination of medications; no functional recovery was addresses as required by the CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records failed to address the medical necessity for additional Acupuncture care to the patient bilateral knees or comply with referenced CAMTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.