

Case Number:	CM15-0103037		
Date Assigned:	06/05/2015	Date of Injury:	06/19/2001
Decision Date:	07/03/2015	UR Denial Date:	05/28/2015
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: 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 40 year old female, who sustained an industrial injury on 6/19/01. She reported knee pain. The injured worker was diagnosed as having pain in the joint of the lower leg. Treatment to date has included physical therapy, acupuncture, infrared therapy, right knee arthroscopic surgery, 2 additional right knee surgeries, 2 left knee surgeries, bilateral knee Cortisone injections, and medication. The injured worker stated acupuncture was beneficial reducing pain from 9/10 to 4-5/10. An acupuncture progress note stated there was a 13% improvement in score/function as measured by the pain/disability scale. Currently, the injured worker complains of bilateral knee pain and back pain. The treating physician requested authorization for additional acupuncture for the knee x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, knee Qty 6.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Despite undergoing multiple knee surgeries, the patient continued significantly symptomatic. Six acupuncture sessions performed between 01-13-15 and 02-03-15 were beneficial reducing the pain level and increasing the function (Oswestry scores improved after the acupuncture). The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on functional improvement documented with prior care. Available information appears to support that the additional acupuncture requested, under the MTUS-AMTG is addressing the patient's medical condition with evidence of objective functional improvement (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. As the current guidelines indicate that functional improvement could be achieved with six sessions, an additional six sessions are reasonable and medically necessary.