

Case Number:	CM15-0106696		
Date Assigned:	06/11/2015	Date of Injury:	06/12/2014
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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 59 year old female who sustained an industrial injury on 6/12/14 involving the neck, shoulders and knees the result from a fall while pushing a clothing rack and landing on her both knees. She rated her pain between 6-9/10 initially. The following day she was medically evaluated and had x-rays of her neck and knees and she was given pain medication. She currently complains of continuous pain in the cervical spine (6/10), right and left shoulder and left (5/10) and right (7/10) knee. She reports relief of left knee pain with therapy. On physical exam, there was tenderness to the cervical spine and right and left shoulder areas on palpation. Medications are Voltaren and Protonix. Diagnoses include cervicgia; pain in the joint shoulder region, right trapezius myofascial pain and muscle guarding; lumbago; pain in lower leg joint, bilateral knee pain after direct anterior trauma. Treatments to date include physical and chiropractic therapies which initially helped to decrease her pain but then her neck pain became stabbing in nature with treatment; medications. Diagnostics include MRI of the left knee (11/25/14) oblique tear of the medial meniscus, chondromalacia of the patella, tricompartmental degenerative joint disease, patellar tendinosis. In the progress note, dated 5/2/15 the treating provider's plan of care includes to start acupuncture to the left knee, lumbar spine and cervical spine twice per week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is not tolerated or is reduced which was not documented in the provided medical records. Acupuncture is used concurrently with physical rehabilitation, medical notes mention prior Physical therapy treatments; however, notes fail to mention concurrent request for physical rehabilitation. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits that would substantiate a medical indication for acupuncture care. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.

Acupuncture 2 x 3 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is not tolerated or is reduced which was not documented in the provided medical records. Acupuncture is used concurrently with physical rehabilitation, medical notes mention prior Physical therapy treatments; however, notes fail to mention concurrent request for physical rehabilitation. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits that would substantiate a medical indication for acupuncture care. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.

Acupuncture 2 x 3 for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is not tolerated or is reduced which was not documented in the provided medical records. Acupuncture is used concurrently with physical rehabilitation,

medical notes mention prior Physical therapy treatments; however, notes fail to mention concurrent request for physical rehabilitation. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits that would substantiate a medical indication for acupuncture care. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.