MAXIMUS Federal Services

Case Number:	CM15-0138262		
Date Assigned:	07/28/2015	Date of Injury:	03/11/2009
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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 60 year old female, who sustained an industrial injury on March 11, 2009. The injured worker reported that while she was sitting in a chair with her right knee crossed over the left knee a co-worker hit the anterior portion of the right knee with a heavy object. The injured worker was diagnosed as having right knee chondromalacia. Treatment and diagnostic studies to date has included acupuncture, physical therapy, magnetic resonance imaging of the knee, use of a knee brace, and medication regimen. In a progress note dated May 29, 2015 the treating physician reports complaints of a recent onset of pain to the right lateral knee along with occasional catching, locking, giving way, and numbness. Examination reveals patella loading along with medial and lateral joint line pain. The treating physician noted prior acupuncture of an unknown quantity that has given the injured worker her best relief of symptoms, but the documentation provided did not indicate specific details of any specific functional improvement with prior acupuncture. The progress note from June 16, 2015 noted magnetic resonance imaging of an unknown date that was revealing for a small subchondral cyst of the tibial plateau region. The treating physician requested 16 sessions of acupuncture to the right knee with the treating physician noting that the injured worker wants to continue with conservative management of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee acupuncture visits QTY: 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care.After prior acupuncture sessions rendered in the past (reported as beneficial in symptom reduction, function improvement), additional acupuncture could have been supported for medical necessity by the guidelines for the recent flare up. The number of sessions requested (x 16) exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture is not medically necessary.