

Case Number:	CM15-0138398		
Date Assigned:	07/28/2015	Date of Injury:	02/02/2012
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 (IW) is a 51-year-old male who sustained an industrial injury 02/02/2012. Diagnoses/impressions include right knee degenerative joint disease, status post partial knee replacement. Treatment to date has included medications, activity modification, acupuncture and physical therapy. According to the progress notes dated 6/17/15, the IW reported right knee pain rated 6/10 with medications and 7/10 without them. His reported quality of sleep was poor and his activity level was unchanged. His pain was aggravated by prolonged standing. On examination, the right knee had mild effusion and there was tenderness over the lateral joint line. The neuromuscular exam of the upper and lower extremities was normal. The IW reported moderate right knee pain relief with a full course of physical therapy and after five sessions of acupuncture treatment. Right knee pain was rated 5/10 in March, April and May 2015 progress notes, with quality of sleep rated fair. A request was made for additional six acupuncture sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 6 sessions right knee: 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Furthermore, the claimant appears to continue dependence on narcotic medication. Therefore further acupuncture is not medically necessary.