

Case Number:	CM15-0141598		
Date Assigned:	07/31/2015	Date of Injury:	04/20/2012
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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 36 year old male who sustained an industrial injury on 04-20-2012. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having symptomatic anterior cruciate ligament insufficiency, right knee. Treatment to date has included left knee anterior cruciate ligament reconstruction (12- 10-2012), removal of hardware of the left tibia (11-14-2013) left knee injection, chiropractic care (12 sessions), physical therapy (28 visits), and acupuncture (6 visits). Currently, the injured worker complains of pain rated a 6 on a scale of 0-10 with left knee weakness. On exam, he has an antalgic gait and favors the right lower extremity. He has had a burning sensation with numbness and tingling for the past 2 years. In the exam of 03-24-2015, there was atrophy noted at the left lower extremity. There was palpable tenderness at the bilateral medial and lateral joint line, popliteal fossa, patellar, and subpatellar regions. Patellar grind is positive bilaterally. Anterior drawer and pivot shift was positive on the right. The worker was declared permanent and stationary on 04-07-2014. His medication is helping with his pain, and he is compliant with it as prescribed. There is no documentation in the records submitted of the worker's response to acupuncture. A request for authorization was made for the following: Acupuncture 2xwk x 3 wks of the Left knee. Per a PR-2 dated 4/7/15, the claimant has had 6 acupuncture treatments in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 3 wks of the Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.