

Case Number:	CM15-0144126		
Date Assigned:	08/05/2015	Date of Injury:	11/08/2001
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
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: 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 44 year old male with an industrial injury dated 10/14/1997. His diagnoses included arthrofibrosis and right knee degenerative joint disease, status post total knee replacement. Prior treatment included medications, physical therapy and acupuncture. He presented on 06/12/2015 reporting positive improvement with acupuncture to include increased range of motion and decreased burning sensation of right knee. Objective findings included decreased tenderness, decreased pain, decreased inflammation and improvement in range of motion. He also noted a decrease in pain when doing exercises. The injured worker had 3 visits of acupuncture left. According to documentation after the next 3 visits he will have completed a total of 18 acupuncture visits. Treatment request is for acupuncture for the right knee, once weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right knee, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS 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 read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that approximately eighteen acupuncture sessions were already rendered and according to the provider benefited the condition reducing symptoms, increasing flexibility-range of motion, no specific significant, objective functional improvement was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. The request is not medically necessary.