

Case Number:	CM15-0145464		
Date Assigned:	08/06/2015	Date of Injury:	01/29/2014
Decision Date:	09/09/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/29/2015

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 54 year old female who sustained an industrial injury on 1-29-2014. She had slipped on a garbage bag while taking out the garbage landing on her right knee. She has reported injury to the right knee and has been diagnosed with right knee degenerative joint disease. Treatment has included medications, medical imaging, and physical therapy. There was decreased painful range of motion 0-100 degrees. The injured worker ambulated with a cane. The treatment plan included a Synvisc injection and acupuncture. The treatment request included acupuncture treatment 2-3 visits for six weeks for the right knee. Six acupuncture sessions were approved on 6/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2-3 times a week for 6 weeks for the 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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12-18 visits exceeds the recommended guidelines for an initial trial. Therefore, the request for further acupuncture is not medically necessary.