

Case Number:	CM15-0147322		
Date Assigned:	08/10/2015	Date of Injury:	01/18/2015
Decision Date:	09/24/2015	UR Denial Date:	06/29/2015
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 50-year-old female, who sustained an industrial injury on 1-18-15. She reported left knee pain. The injured worker was diagnosed as having left knee medial meniscus tear. Treatment to date has included physical therapy and medication. Physical examination findings on 3-11-15 included medial joint line tenderness, a positive medial McMurray's sign, and a 1+ effusion. Currently, the injured worker complains of left knee pain and swelling. The treating physician requested authorization for acupuncture 3x6 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 6 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Knee & Leg, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends 3-6 visits over 1-2 months to produce functional improvement. It states

that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient received acupuncture care in the past. Therefore, it is best to evaluate the provider's request as an initial trial for which the guidelines recommend 3-6 visits. The provider's request for 18 acupuncture sessions for the knee exceeds the guidelines recommendation an initial trial. The provider's request is inconsistent with the evidence-based guidelines and therefore is not medically necessary and appropriate at this time. 6 acupuncture sessions is adequately to demonstrate functional improvement. Additional acupuncture sessions beyond the initial 6 session is warranted with documentation of functional improvement from prior sessions.