

Case Number:	CM15-0163206		
Date Assigned:	08/31/2015	Date of Injury:	04/10/2009
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This woman sustained an industrial injury on 4-10-2009. The mechanism of injury is not detailed. Diagnoses include status post mechanical fall status post knee surgery, progressive arthritis to the right knee, mild Achilles tendonitis of the bilateral ankles, chronic low back pain, and morbid obesity. Treatment has included oral medications and Synvisc injections. Physician notes dated 7-8-2015 show complaints of right knee pain with radiation to the neck, shoulder, back, low back, buttocks, hip, leg, ankle, foot, and toes with swelling, grinding, stiffness, weakness, warmth, and tenderness. Recommendations include Synvisc I, Motrin, acupuncture, TENS unit, possible future cortisone injection, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but usually for six or less visits. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits completed should be submitted. Therefore unspecified sessions of acupuncture are not medically necessary as requested.