

Case Number:	CM15-0164731		
Date Assigned:	09/02/2015	Date of Injury:	01/06/2014
Decision Date:	10/05/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/21/2015

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, Montana

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 42 year old male who sustained an industrial injury on 01-06-14. Initial complaints and diagnoses are not available. Treatments to date include medications and acupuncture. Diagnostic studies are not addressed. Current complaints include pain in the bilateral knees. Current diagnoses include chondromalacia of the bilateral knees. In a progress note dated 07-21-15 patient has had about 4-5 acupuncture sessions and reports significant benefit; the treating provider reports the plan of care as additional acupuncture to the bilateral knees. Per progress notes dated 08-25-15 patient has received acupuncture treatment for his knees, but only reports temporary results. The requested treatment includes additional acupuncture to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 4 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions for bilateral knees which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. In a progress note dated 07-21-15 patient has had about 4-5 acupuncture sessions and reports significant benefit. Per progress notes dated 08-25-15 patient has received acupuncture treatment for his knees, but only reports temporary results. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments for bilateral knees are not medically necessary.