

Case Number:	CM15-0166925		
Date Assigned:	09/08/2015	Date of Injury:	02/17/2015
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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 24 year old female who sustained an injury on 2-17-15 resulting when a whole shelf fell on her right knee. She complained of pain and swelling in her right knee. X-rays were negative, and she was given a knee immobilizer. The examination on 2-25-15 indicates the right knee is not tender on the right medial joint line or the right lateral joint line; no subluxation on the right patella; abduction and adductions stress testing was negative and range of motion of the right knee was normal. Diagnoses contusion right knee; effusion right knee. Medications include anti-inflammatories. MRI right knee (2-27-15) revealed partial thickness tear of the medial retinaculum at the patellar attachment accompanied by mild bilateral transition of the patella in relation to the trochlear sulcus; without a discrete fracture line. Treatment included physical therapy, icing, bracing and medication. The examination on 4-17-15 reports patellar dislocation and she had physical therapy for the right knee with mild improvement of the symptoms. She takes Ibuprofen 800 mg every 6 hours and Tylenol and they did not improve her symptoms. The examination of the right knee reveals mild effusion, tenderness to palpation at the medial aspect of the patella. The plan was to continue physical therapy and work status of sitting work only. The PR2 7-7-15 indicates she has intermittent moderate achy right knee pain and weakness right knee and leg. There is mild swelling present in the right knee and range of motion is decreased and painful. Requested treatment included physical therapy 1 x 6 to decrease pain, spam and increase range of motion and activities of daily living; acupuncture 1 x 6 to decrease pain and spasm and an orthopedic consults to discuss invasive options for the right knee. On 7-17-15 she reports decreased pain on right knee after modalities were performed; pain

was aggravated when flexing and extending and pain level was rated 7 out of 10. The report on 7-24-15 therapy report indicates she is not able to perform daily activities due to pain in the right knee and that the therapy helps reduce the pain for a couple of hours. The Current requested treatments acupuncture 6 sessions (1 x 6) right knee. The utilization review (7-27-15) acupuncture was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture, one (1) time a week for six (6) weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: On several occasions acupuncture was requested: on 03-18-15 (acupuncture x 6), on 05-28-15 (acupuncture x 6) and on 07-02-15 (acupuncture x 6). The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care 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." The review of records does not revealed how many acupuncture sessions were completed; therefore, an assessment of whether additional care is needed is unknown without documenting the number of sessions already performed and the gains obtained with such care to support the reasonableness and necessity of additional acupuncture. Therefore, the request for acupuncture x 6 is not supported for medical necessity.