

Case Number:	CM15-0167273		
Date Assigned:	09/04/2015	Date of Injury:	01/05/2014
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
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, 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 49-year-old female, who sustained an industrial injury on 1-5-2014. The mechanism of injury was a fall down the stairs. The injured worker was diagnosed as having rule out bilateral knee internal derangement and pain in the right knee and ankle. Right knee MRI-Magnetic Resonance Imaging from 7-27-2015 showed resolved internal derangement, peripheral subluxation of the patella and was consistent with a medial meniscus tear. Treatment to date has included bilateral knee surgery, cervical epidural steroid injection, 35 chiropractic visits, physical therapy and medication management. Currently, the injured worker complains of bilateral knee pain rated 5 out of 10 and right ankle pain rated 4-5 out of 10. Physical examination showed bilateral knee and right ankle tenderness. The physician was requesting retrospective 8 acupuncture sessions, 2 times a week for 4 weeks, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 8 acupuncture sessions, 2 times a week for 4 weeks, right knee: 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. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Provider requested retrospective 8 acupuncture visits which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, retrospective 8 acupuncture treatments to the right knee are not medically necessary.