

Case Number:	CM15-0168691		
Date Assigned:	09/09/2015	Date of Injury:	08/27/1996
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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 74-year-old male, who sustained an industrial-work injury on 8-27-96. He reported initial complaints of cumulative trauma. The injured worker was diagnosed as having status post bilateral total knee replacement for osteoarthritis, possible loosening of the right tibial component, and obesity. Treatment to date has included medication, surgery (bilateral knee replacements in 1997, 1999, physical therapy, walker-crutches, home physical therapy, adaptive equipment, range of motion and gait training activities, and prior independently procured acupuncture with considerable benefit. X-rays were reported on 8-18-14 of the knees noted total knee prostheses with no evidence of loosening or infection. Bone scan on 2-12-15 noted suspicion of hardware loosening to the right knee. Currently, the injured worker complains of right leg pain. Per the orthopedic evaluation on 7-22-15, exam noted he is heavy-set, gait is stiffer than antalgic and ambulates with a cane on the left. Current plan of care includes acupuncture. The Request for authorization date was 7-10-15 and requested service included Acupuncture right knee (10 sessions). The utilization review on 7-30-15 denied the request due to lack of documentation that pain medication is reduced or not tolerated. The requested number of sessions exceeded the recommendation for initial course of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right knee qty 10.00: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient is a 74 years old male (co-morbidity factor), that underwent a prior right knee replacement surgery (co-morbidity factor), a recovering addict, over-weighted (co-morbidity factor) that underwent prior acupuncture with significant pain relief. In case of continuation of significant pain complains, a surgical revision of the right knee will be sought. The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. Although the number of sessions requested (x 10) exceeds the guidelines, due to the complexity of this case (co-morbidity factors previously mentioned and the fact that more aggressive procedures will be pursued in case of acupuncture failing to improve the condition) the request is seen as appropriate, supported for medical necessity.