

Case Number:	CM15-0168697		
Date Assigned:	09/09/2015	Date of Injury:	09/19/2013
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male, who sustained an industrial-work injury to the left knee on 9-19-13. A review of the medical records indicates that the injured worker is undergoing treatment for left knee strain and sprain and rule out left knee internal derangement. The progress note dated 1-15-15 notes that the physical exam reveals left knee anterior cruciate ligament (ACL) tear, left knee decreased range of motion, and tibia bone fracture and left lower extremity is weaker than the right. There are no diagnostic reports noted. Medical records dated (2-27-15 to 5-22-15) indicate constant pain in the left knee and leg. The pain is rated 5 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living with increased difficulty. Per the treating physician report dated 5-22-15 the injured worker is working modified duty since March of 2015 and the injured worker is instructed to return to full duty on 5-22-15. The physical exam dated 5-22-15 reveals that palpation shows that there is nonspecific tenderness at the left knee, pivot shift test and Lachman's tests are positive on the left knee. There is positive laxity with anterior drawers 2+ left knee. Treatment to date has included pain medication; acupuncture at least 4 sessions, immobilization, rest, heat, activity modification, and other modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times weekly x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for left knee pain. Acupuncture treatments have been requested since January 2015. When seen, treatments had included medications and physical therapy there was normal gait. There was nonspecific left knee tenderness with positive anterior drawer testing. There was decreased left knee range of motion. Pivot shift testing and Lachman's tests were positive. Authorization was requested for 12 sessions of acupuncture. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of treatments being requested is in excess of guideline recommendations and benefit from any prior treatments is not documented. The requested acupuncture treatments were not medically necessary.