

Case Number:	CM15-0181104		
Date Assigned:	09/22/2015	Date of Injury:	11/06/2010
Decision Date:	10/27/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 33 year old female, who sustained an industrial injury on 11-6-2010. The medical records indicate that the injured worker is undergoing treatment for right knee patella subluxation. According to the progress report dated 4-1-2015, the injured worker presented with complaints of continued intermittent, slight-to-moderate right knee pain. On a subjective pain scale, she rates her pain 4 out of 10. The physical examination of the right knee reveals tenderness to palpation over the medial and lateral joint line. There is slightly restricted range of motion. The current medications are not specified. Previous diagnostic studies include MRI. Treatments to date include medication management and 8 chiropractic sessions (provided 10% pain relief). Per the PR-2 dated 7-15-2015, work status is full duty. The treatment plan included chiropractic, acupuncture, and MRI of the right knee. The original utilization review (8-15-2015) had non-certified a request for 6 additional acupuncture sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture visits 2 times per week for 3 weeks for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 15, 2015 denied the treatment request for six acupuncture visits to the patient's right knee citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect a prior treatment course of chiropractic, acupuncture and physical therapy to manage deficits in the affected knee region. The medical necessity for the requested additional six visits of acupuncture to the patient's knee was not supported by review of the medical records reflecting evidence of functional improvement or in compliance with the prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.