

Case Number:	CM15-0184170		
Date Assigned:	09/24/2015	Date of Injury:	02/17/2015
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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 industrial injury on February 17, 2015. A therapy visit dated August 11, 2015 reported treating diagnosis of: contusion of knee. Subjective complaint of: "stiff and achy pain on right knee." Objective assessment noted: Constant sore and sharp pain at right knee with movement such as weigh bearing, tenderness on medial side of knee joint at Sartorius and Vastus medialis and medial patella. "The assessment noted: progress slow but steady; sensitiveness is decreased. A therapy progress note dated August 14, 2015 therapy showed the following treating diagnoses: other tear of cartilage or meniscus of knee; sprains and strains of unspecified sit; other knee internal derangement old disruption of ligaments and contusion of knee. A secondary treating office visit dated July 29, 2015 reported subjective complaint of "sharp, stabbing right knee pain, stiffness, numbness, tingling and weakness radiating to right foot and ankle with numbness and tingling associated with cold weather, repetitive movements, prolonged or repetitive standing, prolonged or repetitive walking, bending or kneeling." She does not use assistive devices or supports; has mild antalgic gait and gets relief of symptom from medication and rest." Objective assessment noted: "tenderness to palpation of the anterior knee, medial knee and posterior knee, spasm of the anterior knee, medial knee and posterior knee. McMurray's test is positive. The worker was diagnosed with: right knee internal derangement. The following medications were prescribed this visit: Protonix, Motrin, and two compound creams. On July 29, 2015 a request was made for acupuncture 6 sessions treating the right knee that was denied due to a prior request for acupuncture noted approved but documentation showed no evidence of the therapy or outcomes

and no documented evidence of flare up or exacerbation of pain documentation noted insufficient for required guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, once a week for six 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: 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". On 05-28-15 the provider requested acupuncture x 6 which was authorized on 06-04-15. The review of records does not revealed if all the sessions previously authorized were completed; therefore an assessment of whether additional care is needed is unknown as no sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with prior acupuncture was reported to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not medically necessary.