

Case Number:	CM15-0187499		
Date Assigned:	09/29/2015	Date of Injury:	03/02/2010
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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 43 year old male, who sustained an industrial injury on 3-2-2010. Medical records indicate the worker is undergoing treatment for left knee arthroscopy on 2-11-2015, left knee degenerative joint disease, left knee pain, low back pain, right knee pain and sacroiliac joint pain. A recent progress report dated 8-10-2015, reported the injured worker complained of lumbar pain with radiation to the bilateral lower extremities with numbness and tingling-left greater than right. Physical examination revealed bilateral knee medial joint tenderness, antalgic gait, bilateral lumbar spine tenderness, "limited lumbar range of motion" and bilateral sacroiliac joint tenderness. Left knee magnetic resonance imaging from 7-23-2015 showed status post anterior cruciate ligament reconstruction, medial and lateral meniscus were intact and a small joint effusion. Treatment to date has included surgery, injections, acupuncture (amount and effectiveness unknown), physical therapy and medication management. The physician is requesting 8 sessions of acupuncture to the left knee. On 9-14-2015, the Utilization Review noncertified the request for acupuncture to the left knee for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, left knee, 2 times weekly for 4 weeks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be authorized if the patient has documented objective functional improvement. 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. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.