

Case Number:	CM15-0188231		
Date Assigned:	09/30/2015	Date of Injury:	05/21/2015
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 5-21-2015. She reported a left knee injury when a heavy log fell on her. Diagnoses include left knee bone contusion with subchondral injury. Treatments to date include activity modification, NSAID, 6 physical therapy sessions, and aquatic therapy. The initial acupuncture report dated 8-19-15, documented she complained of ongoing left knee pain with radiation to the lower extremity associated with stiffness, heaviness, weakness, numbness and tingling. The physical examination documented decreased range of motion with moderate swelling and tenderness of the left knee. The treatment diagnoses included left knee pain and left knee sprain-strain. The plan of care included electro acupuncture with therapeutic massage for 12 visits, twice a week for six weeks. The appeal requested authorization for acupuncture treatments, three times a week for six weeks. The Utilization Review dated 8-27-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has already undergone physical therapy and aqua therapy. Response after a few sessions of acupuncture is unknown. Although acupuncture may be beneficial, the request for 18 sessions is an option and not medically necessary.