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| Case Number: | CM15-0190293 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 09/05/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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:

This is a 48-year-old female with a date of industrial injury 9-5-2014. The medical records indicated the injured worker (IW) was treated for right knee sprain-strain, moderate to severe patellofemoral pain syndrome. In the progress notes (9-2-15), the IW reported intermittent knee pain rated 3 out of 10, for which physical therapy, acupuncture and TENS unit was helpful. The documentation did not specify the level of improvement in pain and function. Pain was documented as improved in intensity and frequency, but lifting and carrying capacity remained 5 to 10 pounds. She was on modified work status. On examination (8-20-15 notes), the IW had difficulty arising from a seated position. Her gait was antalgic and stiff and she moved protectively. The right knee was edematous and tender with crepitus present. Quadriceps atrophy was also noted. The Lower Extremity Functional Index (6-3-15) indicated the IW had moderate difficulty performing many daily tasks and was unable to climb stairs, run or jump. Treatments included physical therapy (at least 9 sessions) and acupuncture (at least six treatments). A Request for Authorization was received for acupuncture twice per week for three weeks for the right knee. Per an acupuncture report dated 5/7/15, the claimant's GPI dropped from 32 to 14 and the claimant increased his standing and sitting tolerance by 5 min and hours of sleep by 2 hours. The Utilization Review on 9-4-15 non-certified the request for acupuncture twice per week for three weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 Right Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with functional improvement of decreased pain, increased standing, sleeping, and sleep. Since, the claimant has had objective improvement, six further sessions are medically necessary.