

Case Number:	CM15-0190348		
Date Assigned:	10/02/2015	Date of Injury:	08/05/2011
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
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 injured worker is a 39-year-old male who reported an industrial injury on 8-5-2011. His diagnoses, and or impressions, were noted to include: status-post right knee meniscectomy, synovectomy and chondroplasty in 2011. Recent magnetic resonance imaging studies of the right ankle 7 knee, and lumbar spine were done on 6-23-2015; trigger point impedance imaging was noted done in March and April 2015. His treatments were noted to include: medication management; and rest from work. The progress report of 8-21-2015 reported a follow-up visit for complaints of: headaches, rated 6 out of 10; frequent-constant radicular low back pain, rated 5-6 out of 10, that radiated to the bilateral lower extremities, aggravated by prolonged movements and activities, and was associated with numbness-tingling in the right lower extremity; constant residual right knee pain, rated 7-8 out of 10, following right knee arthroscopy, that was aggravated by prolonged movements and activities; frequent-constant burning pain with spasms in the right ankle, rated 6 out of 10, that was aggravated by prolonged movement, weight-bearing, and activities; that his pain persisted but that medications did offer him temporary relief of pain with improved function and sleep; no further pain in his testis since his epidural steroid injection; and that he received only temporary relief from 3 epidural injections. The objective findings were noted to include: pain with heel walking; the ability to squat to 15% of normal due to low back pain; tenderness at the bilateral "PSIS's" and sacrotuberous ligaments, with bilateral lumbar para-spinal muscle guarding; decreased lumbar range-of-motion in all planes; positive bilateral straight leg raise and Braggard's tests; 1+ effusion with tenderness at the medial and lateral joints of the right knee, that was with decreased range-of- motion; positive McMurray's, Lachman's & Apley's compression tests of the right knee; tenderness at the anterior-talofibular ligament in the right ankle with a decreased inversion

range-of-motion, and positive Varus stress and anterior-posterior drawer tests; and slight decreased sensation at the bilateral lumbosacral dermatomes, with decreased motor strength in the lower extremities. The physician's requests for treatments were noted to include chiropractic and acupuncture treatments, 3 x a week for 6 weeks, for the lumbar spine and right knee. The Request for Authorization for 54 acupuncture treatments was not noted in the medical records provided. The Utilization Review of 8-31-2015 non-certified the request for 54 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 54: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 6 and Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 31, 2015 denied the treatment request for 54 acupuncture treatments to the patient's right knee and ankle citing CA MTUS acupuncture treatment guidelines. The records reflect treating diagnoses of lumbar disc displacement, radiculopathy, meniscal tear of the right knee and right ankle derangement. The past medical history includes a 2011 right knee meniscectomy and synovectomy with chondroplasty, physical therapy and medications. The medical necessity for initiation of acupuncture care, 54 visits to the address regions of the spine, right knee and ankle was not supported by the reviewed medical records or in compliance with the CA MTUS acupuncture treatment guidelines for initiation of an initial trial of treatment. The patient's prior medical history of treatment was not included within the request to include acupuncture and if provided what functional improvement was obtained with applied care. Functional improvement is the prerequisite for consideration of acupuncture care whether spine or extremity. The request is not medically necessary.