

Case Number:	CM15-0191801		
Date Assigned:	10/05/2015	Date of Injury:	12/22/2014
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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:

The injured worker is a 61 year old female with a date of injury on 12-22-2014. She also had an injury on 05-07-2012 when she injured her right ankle, right elbow and bilateral wrists from a fall. The injured worker is undergoing treatment for fracture of the left patella, right knee sprain and strain, and lumbosacral spine sprain-strain. A physician's progress note dated 08-24-2015 documents the injured worker has moderate lower back pain, and left knee pain that is moderate. She rates her left knee pain as 6 out of 10. There is tenderness to palpation at her bilateral knees and lumbosacral spine. She has increased pain with standing with lower extremities extension, and bending, stooping and squatting increases lumbar pain. She has not worked since 12-23-2014. Treatment to date has included diagnostic studies, medications, an immobilizer, acupuncture and physical therapy. There were no physical therapy or acupuncture notes present to review. Medications include Tylenol #3, Motrin, Lidoderm patches and Tramadol. An unofficial x ray of the left knee done on 12-22-2014 reveals a comminuted fracture of the patella with associated suprasellar joint effusion, and hemarthrosis. X ray of the right knee showed degenerative changes of the patellofemoral and medial compartment without obvious acute fracture or dislocation. X ray of the left knee done on 01-06-2015 showed a 3 part non-displaced patellar fracture with hemarthrosis. No displacement of fracture fragments. The Request for Authorization dated 08-24-2015 includes Flurbiprofen 20% and Magnetic Resonance Imaging joint of the left lower extremity with dye, and Lidoderm patches and Tramadol. On 09-18-2015 Utilization Review non-certified the request for Acupuncture without elect 2 times a week for 4 weeks-left knee, and Acupuncture without elec 2 times a week for 4 weeks right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture w/o elec 2 times a week for 4 weeks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.

Acupuncture w/o elec 2 times a week for 4 weeks left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.