

Case Number:	CM15-0199417		
Date Assigned:	11/03/2015	Date of Injury:	10/07/2013
Decision Date:	12/15/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 51 year old male, who sustained an industrial-work injury on 10-7-13. A review of the medical records indicates that the injured worker is undergoing treatment for right knee chondromalacia, right knee medial meniscus tear, right knee pain, right knee strain and sprain, and status post-surgery right knee. Medical records dated 8-28-15 indicate that the injured worker complains of constant, severe, sharp pain rated 8 out of 10 on the pain scale which is unchanged and aggravated by activities. The injured worker reports that the right knee is giving way with walking and difficulty sleeping. Per the treating physician report dated 8-28-15, the injured worker has not returned to work. The physical exam reveals slow guarded limp, decreased range of motion with pain, tenderness to palpation and positive McMurray's test. The physician indicates that he recommends acupuncture to increase range of motion, increase activities of daily living (ADL) and decrease pain. Treatment to date has included pain medication, compounded creams, Protonix, surgery, off work, activity modifications, acupuncture trial of 2 sessions to date, physical therapy 3 sessions to date, chiropractic 2 sessions to date and other modalities. The requested service included Acupuncture x4 to the right knee. The original Utilization review dated 9-10-15 non-certified the request for Acupuncture x4 to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture in the past. Based on the records, the patient completed at least 4 acupuncture sessions. According to the records dated 7/2/2015, the provider reported that the patient completed 2 acupuncture sessions. Another two sessions were on 7/6/2015, and 9/1/2015. There was no documentation of functional improvement from these sessions. The guidelines recommend an initial trial of 3-6 sessions to produce functional improvement. Based on the lack of functional improvement from prior acupuncture sessions, the provider's request for 4 acupuncture sessions is not medically necessary at this time.