

Case Number:	CM15-0207565		
Date Assigned:	10/26/2015	Date of Injury:	11/18/2014
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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, Montana

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 57 year old female who sustained an industrial injury 11-18-14. A review of the medical records reveals the injured worker is undergoing treatment for crush injury right foot with comminuted fracture of the 1st metatarsal, cervical and lumbar strain with radicular complaints, and bilateral knee strain-contusion. Medical records (08-26-15) reveal the injured worker complains of "moderate" bilateral knee pain, right greater than left, which is not rated. The physical exam (08-26-15) reveals tenderness to palpation along the anterior-lateral joint line of the bilateral knees. "Mild" patella-femoral crepitus is notes, as well as crepitus with range of motion. Prior treatment includes surgery on the right 1st metatarsal, right knee surgery, physical therapy, and acupuncture. The original utilization review (09-30-15) non-certified the request for 8 additional acupuncture sessions to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 times a week for 4 weeks bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions for bilateral knees which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.