

Case Number:	CM15-0208974		
Date Assigned:	10/27/2015	Date of Injury:	09/19/2013
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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 46 year old male, who sustained an industrial injury on 9-19-13. The injured worker was diagnosed as having left knee sprain. Subjective findings (5-22-15, 6-26-15, 8-14-15 and 9-11-15) indicated constant pain in the left knee traveling to the left leg. The injured worker rated his pain 3-5 out of 10. He stated that acupuncture treatment has been helpful with his pain levels. Objective findings (8-14-15, 9-11-15) revealed nonspecific tenderness at the left knee, a positive McMurray's sign and left knee flexion of 130 degrees and extension of 0 degrees. Treatment to date has included acupuncture x 12 sessions. The Utilization Review dated 10-1-15, non-certified the request for 12 acupuncture sessions, left knee, 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions, left knee, 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 30, 2015 denied the treatment request for 12 acupuncture visits to the patient's left knee provided two times a week for six weeks citing CA MTUS acupuncture treatment guidelines. The patient's medical records reflect a prior course of acupuncture treatment to the patient's knee without subsequent documentation of any functional improvement after completion of treatment. The prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines require objective functional improvement before consideration of additional care. The reviewed medical records do not support the application of additional 12 acupuncture sessions to the patient's left knee or are in compliance with CA MTUS acupuncture treatment guidelines. Therefore the request is not medically necessary.