

Case Number:	CM15-0020167		
Date Assigned:	02/09/2015	Date of Injury:	10/12/2009
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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: Ohio

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:

Claimant is a 65-year-old male sustained a work-related injury on 10/12/09. It is reported that the claimant was inspecting a vehicle at a traffic stop when he slipped and fell from a step onto both of his hands and knees. Previous treatment is included a left knee arthroscopy, medications, and acupuncture. Diagnoses include osteoarthritis of the knee and left knee pain. PR-2 dated 1/9/15 notes a chief complaint of left knee pain. Pain levels are reported as improved in range of motion and strength are also improving. Improvement is not quantified. Objective findings are noted his frequent swelling with heat sensation. Stiffness in the knee joint with discomfort in the left medial side due to meniscal tear and osteoarthritis of the left knee is also reported. 12 sessions of acupuncture have previously been completed. The results of those treatments are not documented. UR decision dated 1/19/15 non-certified additional acupuncture one to two times a week for six weeks for the left knee. Citing no quantification of subjective improvements, no documentation of change in work function, or reductions of other medical treatments such as medications. MTUS acupuncture guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 1-2 times a week for 6 weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines note that acupuncture treatments will be extended when functional improvement is documented. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement the request for an additional acupuncture one to two times a week for six weeks is not medically necessary.