

Case Number:	CM15-0025194		
Date Assigned:	02/17/2015	Date of Injury:	07/25/2013
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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 57 year old female with an industrial injury dated July 25, 2013. The injured worker diagnoses include right knee injury and status post right knee replacement on 3/6/2014. She has been treated with diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, home exercise therapy, and periodic follow up visits. In a progress note dated 12/7/2014, the treating physician noted lateral tenderness of the right knee with 0-90 degree range of motion and a mild limp secondary to left knee. According to the progress note dated 1/7/15, the injured worker reported an 8/10 left knee pain during flexion. Objective findings revealed an elevated blood pressure. The treating physician prescribed services of 6 sessions of initial acupuncture for the bilateral knee. Utilization Review determination on January 15, 2015 modified the request to 4 sessions of initial acupuncture for the bilateral knee, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Initial Acupuncture for the Bilateral Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions which were modified to 4 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits are within the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.