

Case Number:	CM15-0216842		
Date Assigned:	11/06/2015	Date of Injury:	04/29/2013
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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 55-year-old female, with a reported date of injury of 04-29-2013. The diagnoses include tendinitis of the right knee. The medical report dated 09-25-2015 indicates that the injured worker complained of pain in the upper back, mid back, lower back, right leg, and right knee. The pain was associated with numbness and weakness in the right leg. The injured worker rated her pain (08-21-2015 and 09-25-2015) 5-7 out of 10; 5 out of 10 at its best; and 8 out of 10 at its worst. Her average level of pain in the last seven days was 5-8 out of 10. The objective findings (08-21-2015 and 09-25-2015) include no acute distress; an antalgic gait; full range of motion of the bilateral knees; no bony deformity, redness, swelling, or crepitus of the bilateral knees; tenderness to palpation over the medial joint lines and infrapatellar region; negative anterior drawer test; negative posterior drawer test; negative varus and valgus instability; negative McMurray's test; and normal motor strength throughout the bilateral upper and lower extremities. The injured worker's work status was not indicated. The diagnostic studies to date have included a urine drug screen on 05-22-2015 with negative findings; and a urine drug screen on 07-24-2015 which was inconsistent for Tramadol. Treatments and evaluation to date have included physical therapy. The request for authorization was dated 10-06-2015. The treating physician requested nine (9) acupuncture session for the right knee. On 10-26-2015, Utilization Review (UR) non-certified the request for nine (9) acupuncture session for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 visits right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review determination of October 26, 2015 denied the request for acupuncture, nine visits to the patient's right knee citing CA MTUS acupuncture treatment guidelines. The request for acupuncture care exceeded CA MTUS acupuncture treatment guidelines for initial trial of care at three - six visits and was not accompanied by a treatment plan that incorporated rehabilitation. The medical necessity for initiation of nine acupuncture visits to the patient's right knee was not supported by the prerequisites for initiation of care per CA MTUS acupuncture treatment guidelines and the reviewed medical report.