

Case Number:	CM15-0218943		
Date Assigned:	11/10/2015	Date of Injury:	06/11/2015
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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 51 year old female, who sustained an industrial injury on 6-11-15. The injured worker is diagnosed with left knee contusion with patellofemoral pain syndrome and edema of Hoffa's fat pad, left knee small oblique tear posterior horn medial meniscus and left knee mild grade I ACL sprain. Her work status is modified duty. Notes dated 7-27-15 and 10-14-15 reveals the injured worker presented with complaints of constant, burning and throbbing pain located in her knee that radiates down her leg to her upper shin and numbness and tingling over the knee cap as well as intermittent swelling, locking and catching. Her pain is increased with squatting, bending and twisting. A physical examination dated 10-14-15 revealed left knee extension is 0 and flexion is 90. Due to muscle guarding and extreme pain the Lachman's, McMurray, Varus-Valgus, Patellofemoral grind and crepitus tests were not done. There is generalized extreme tenderness to palpation, her gait is altered and she experienced difficulty transitioning from seat to stand and vice-a-versa without assistance. A note dated 7-27-15 states there is bilateral medial and lateral patella facet tenderness, and patella compression pain, bilateral medial and lateral joint line tenderness and positive McMurray test. The injured worker experienced worsening symptoms with physical therapy (3 sessions) per note dated 10-14-15, medications and cane for stability. Diagnostic studies include bilateral knees MRI. A request for authorization dated 10-14-15 for acupuncture for the left knee-2 times a week for 4 weeks (outpatient) is non-certified, per Utilization Review letter dated 10-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left knee, 2 times a week for 4 weeks as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of October 21, 2015 denied the treatment request for eight acupuncture visits to the patient's left knee provided two times a week for four weeks citing CA MTUS acupuncture treatment guidelines. The primary treating physician's report of 6/11/15 identify the patient with a contusion of the left knee with patellofemoral syndrome and a small oblique tear of the medial meniscus. The patient reported terrible pain through 9/20/15, temporary disability for two weeks and physical examination findings of range of motion loss with positive orthopedic findings. Findings also include extreme tenderness to palpation irrespective of the anatomical location. The UR determination cited CA MTUS chronic treatment guidelines and added that the MT US is not outlined for a medial meniscus tear and no clinical indication for acupuncture for such pathology. The reviewed medical records do not identify that requested acupuncture care was for management of the medial meniscus but for the presentation of pain associated with the reported tear and associated range of motion loss for which the acupuncture treatment guidelines do support an initial trial of care, six visits for acute pain management associated with functional deficits. The reviewed medical records do support an initial trial of acupuncture care that per CA MTUS acupuncture treatment guidelines would be six visits. The request for eight visits is contrary to the CA MTUS acupuncture treatment guidelines. Therefore, the requested treatment is medically necessary.