

Case Number:	CM15-0221963		
Date Assigned:	11/17/2015	Date of Injury:	07/16/2004
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/11/2015

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, Montana

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 67 year old male, who sustained an industrial injury on 7-16-04. The injured worker has complaints of low back and knee pain. The documentation noted limited range of motion on the right side knee. Left knee did get helped by the injections. There is tenderness on stress of the pelvis which indicates mild sacroiliac joint symptomatology. The spine has tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature is slightly tight. The buttocks are tender and he is unable to fully squat due to pain. Left knee has tenderness in the medial aspect. Right knee has diffused tenderness along the medial and lateral aspect of the tibia. The diagnoses have included lumbar discopathy; left knee internal derangement and failed right total knee. Treatment to date has included total knee on the right; left knee injection; Tylenol with codeine; omeprazole and transdermal cream. The original utilization review (10-12-15) non-certified the request for acupuncture 2x a week for 4 weeks 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 2x a week for 4 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear if the patient has had prior Acupuncture or if the request is for initial trial of care. Provider requested 2X4 acupuncture sessions for the right knee which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.