

Case Number:	CM15-0224398		
Date Assigned:	11/20/2015	Date of Injury:	07/30/2015
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/16/2015

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 56 year old male, who sustained an industrial injury on July 30, 2015. He reported injury to his left hand and knee. The injured worker was diagnosed as status post left hand and thumb fracture, chronic left knee derangement-effusion injury, chronic left hand and thumb pain unresolved and chronic left knee pain unresolved. Treatment to date has included diagnostic studies, physical therapy and medication. On September 18, 2015, an MRI of the left knee showed small knee effusion, otherwise normal findings. On September 29, 2015, the injured worker complained of left hand, thumb, index and middle finger pain with weakness. He complained of low back pain with numbness and tingling and constant left knee pain. He stated that his knee was unstable and buckles. Physical examination of the left knee revealed tenderness to palpation particularly the posterior aspect and medial aspect. There was pain with circumlocution noted. McMurray sign was negative to the left knee. The treatment plan included acupuncture for the left knee and ibuprofen. On October 27, 2015, utilization review denied a request for twelve sessions of acupuncture two times a week for six weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of acupuncture, two times a week for six weeks for the left knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of left hand, thumb, index and middle finger pain with weakness. He complained of low back pain with numbness and tingling and constant left knee pain. The Acupuncture Treatment guideline recommends acupuncture for chronic pain. It recommends an initial trial of 3-6 sessions to produce functional improvement. Based on the submitted documents, there was no evidence that the patient received acupuncture in the past. Therefore, a trial appears to be necessary. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial trial for which the guideline recommends 3-6 visits. Therefore, the provider's request is not medically necessary at this time. 6 acupuncture session would be appropriate to demonstrate functional improvement.