

Case Number:	CM15-0039200		
Date Assigned:	03/09/2015	Date of Injury:	03/30/2012
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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 62 year old female, who sustained an industrial injury on 03/30/2012. Initial complaints reported included pain and swelling to both knees. The injured worker was diagnosed as having mild degenerative joint disease, and later, a torn medial meniscus. The injured worker suffered further injuries on 04/09/2013 when she fell backwards resulting in an injury to the back. Treatment to date has included x-rays and MRIs of the knees, right knee surgery, left knee surgery, MRIs of the lumbar and cervical spines, electrodiagnostic studies of the bilateral lower extremities, conservative care, medications, acupuncture, physical therapy, chiropractic therapy, injections, and extracorporeal shockwave treatments. Currently, the injured worker complains of intermittent neck pain, intermittent low back pain with associated left leg pain, weakness and inability to straighten right knee, and intermittent left knee pain. Current diagnoses pertaining to the right knee include right knee flexor contracture, and partial ACL and MCL tears of the right knee. The current treatment plan includes acupuncture for the right knee, continued medications, continued shockwave therapy, and chiropractic therapy. The claimant had 4 acupuncture sessions certified in 1/8/2015. Acupuncture notes were submitted for 2/20/15 and 2/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.