

Case Number:	CM15-0042272		
Date Assigned:	03/12/2015	Date of Injury:	07/02/1999
Decision Date:	04/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 7/2/1999. The details of the initial injury were not submitted for this review. The diagnoses have included chronic pain, lumbar radiculopathy, and bilateral knee pain, status post right knee surgery including ACL reconstruction 2005, revision 2013, and status post lap band surgery. Treatment to date has included medication therapy, acupuncture, chiropractic therapy, and Synvisc injection to bilateral knees reportedly successful. Currently, the IW complains of low back pain associated with radiation down both legs, bilateral knee pain, rated 8-9/10 VAS with medication and worse since last seen. The physical examination from 2/9/15 documented muscle spasms L4-S1, limited lumbar Range of Motion (ROM) and positive straight leg raise. There was tenderness and swelling noted in the left knee. The plan of care included a trial of acupuncture and medication therapy.

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 x 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Treatments to obtain functional benefit are 3-6. In this case, the amount of prior sessions completed is unknown. The additional 4 sessions is not medically necessary.

Chiropractic therapy for the lumbar spine 2 x week x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. The claimant had already completed at least 8 sessions. Functional improvement or session notes were not provided. As a result additional 8 sessions of chiropractor therapy is not necessary.