

Case Number:	CM15-0044485		
Date Assigned:	03/16/2015	Date of Injury:	06/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female with an industrial injury dated June 19, 2014. The injured worker diagnoses include bilateral patellofemoral syndrome, and patellar tendinitis, enthesopathy of knee. She has been treated with diagnostic studies, prescribed medications, physical therapy, home exercise therapy, bilateral neoprene knee braces and periodic follow up visits. According to the progress note dated 1/27/2015, the injured worker reported bilateral knee pain. Objective findings revealed tenderness of the bilateral knees. The treating physician prescribed services for acupuncture to bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to bilateral knees two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is nearly ## years status post work-related injury and continues to be treated for bilateral knee pain. Treatments have included medications, braces, and physical therapy including a home exercise program. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number

of and frequency of treatments is in excess of that recommendations and is not medically necessary.