

Case Number:	CM15-0053102		
Date Assigned:	03/26/2015	Date of Injury:	12/10/2009
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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 61 year old female, who sustained an industrial injury on 12/10/2009. She reported injury while climbing a ladder. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, bilateral knee chondromalacia and right ankle and foot joint pain with difficulty walking. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection, physical therapy and medication management. In a progress note dated 2/24/2015, the injured worker complains of low back, knee and foot pain. The treating physician is requesting 8 acupuncture sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions for the right knee 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. The guideline recommends an initial 3-6 visits with a frequency of 1-3 times per week

over 1-2 months to produce functional improvement. The patient complained of low back, knee, and foot pain. There was no evidence of prior acupuncture care. Therefore, an initial trial of acupuncture is warranted at this time; however, the provider's request of 8 acupuncture sessions for the right knee exceeds the guidelines recommendation for an initial trial and therefore the provider's request is not medically necessary at this time.