

Case Number:	CM15-0056313		
Date Assigned:	04/01/2015	Date of Injury:	07/09/2012
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 40 year old male, who sustained an industrial injury on 07/09/2012. He has reported subsequent back pain and was diagnosed with left foraminal disc bulge at L3-L4 and L5-S1. Treatment to date has included oral pain medication, physical therapy and cortisone injection. In a progress note dated 11/17/2014, the injured worker complained of right knee pain, swelling, catching and occasional locking. Objective findings were notable for an antalgic gait, medial joint line tenderness and positive medial McMurray's test of the right knee. A request for authorization of 12 sessions of acupuncture treatment for the right knee was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 2 times a week for 6 weeks Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines-MTUS indicates that the number of acupuncture sessions to produce functional improvement is 3-6 treatments, and also states that extension of acupuncture

care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Six acupuncture sessions were approved on 09-06-14. The recent request for acupuncture x 12 did not document whether the previous acupuncture was completed and the outcome of such care: objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 12), the request for additional acupuncture is not medically necessary.