

Case Number:	CM15-0083659		
Date Assigned:	05/05/2015	Date of Injury:	03/15/2000
Decision Date:	06/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/01/2015

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 46 year old male, who sustained an industrial injury on 3/15/2000. Diagnoses have included reflex sympathetic mediated pain syndrome and bilateral knee strain. Treatment to date has included physical therapy, medications and intra-articular knee injections. According to the progress report dated 4/21/2015, the injured worker complained of bilateral knee pain. He stated that the right knee was worse. He also complained of tingling in his left knee. He rated his pain level without medications as 10/10 and with medications as 5/10. Current medications included Celebrex, Fentanyl patches, Gabapentin, Omeprazole and Percocet. Objective findings revealed severe allodynia to light touch to the medial and lateral aspect of the left patella and decreased range of motion of the bilateral knees. Authorization was requested for six acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (oral medication, work modifications and self care) the acupuncture trial requested for pain management is supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.