

Case Number:	CM15-0234152		
Date Assigned:	12/09/2015	Date of Injury:	06/19/2015
Decision Date:	01/12/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/30/2015

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 38 year old female, who sustained an industrial injury on 6-19-15. The injured worker is diagnosed with left knee sprain-strain; rule out derangement. Her work status is temporary total disability, per note dated 10-28-15. Notes dated 8-28-15, 9-16-15 and 10-9-15 reveals the injured worker presented with complaints of low back pain and muscle spasms. She reports constant left knee pain, numbness and tingling that radiates into her lower extremity with associated weakness. The pain is increased with activity and prolonged extension the left lower extremity. She reports difficulty with walking, standing, sitting, lifting, and climbing stairs and light housework as well as sleep disturbance. Physical examinations dated 9-16-15 and 10-28-15 revealed limited left knee extension and she is unable to fully extend the knee. There is tenderness to palpation at the left medial lateral joint line and superior and inferior aspect of the patella. The anterior and posterior drawer tests are positive as is the varus and valgus tests. Treatment to date has included Norco, which provides mild pain relief, per note dated 10-9-15 and physical therapy provided improved range of motion and ambulation. Diagnostic studies include urine toxicology screen and left knee MRI. A request for authorization dated 10-28-15 for acupuncture of the left knee and ankle x6 is denied, per Utilization Review letter dated 11-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the left knee, and ankle x6: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004, Section(s): Physical Methods, and Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic); Pain (Chronic), Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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, an acupuncture trial for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore, the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.