

Case Number:	CM15-0237298		
Date Assigned:	12/14/2015	Date of Injury:	05/16/2013
Decision Date:	01/15/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/04/2015

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 65 year old female, who sustained an industrial injury on 5-16-13. The injured worker was diagnosed as having status post right knee operative arthroscopy, internal derangement of right and left knee, cervical spine strain-degenerative joint disc disease, thoracic spine strain-degenerative joint disc disease, lumbar spine degenerative joint disc disease and bilateral wrist tendinitis and carpal tunnel syndrome, lumbar disc protrusion L3-4-L5-L6-S1 and cervical disc protrusion C3-4-5-6. On 9-30-15, the injured worker reports she has completed 6 acupuncture sessions, but remains symptomatic. Work status is noted to be full duty. Physical exam performed on 9-9-15 and 9-30-15 revealed tenderness to palpation over the upper, mid and lower cervical paravertebral and trapezius muscles with decreased range of motion; tenderness to palpation over the upper, mid and lower thoracic paravertebral muscles with mild limitation of motion, tenderness to palpation over the flexor-extensor compartment and carpal canal of right and left wrist, patchy decreased sensation in bilateral upper extremities and tenderness to palpation in upper, mid and lower lumbar paravertebral muscles with painful range of motion. Treatment to date has included 6 acupuncture sessions (with improvement, but remains symptomatic), oral medications, physical therapy and home exercise program. The treatment plan included a request for 12 additional acupuncture treatments. On 11-6-15, the request for 12 additional acupuncture treatments was modified to 4 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review determination of 11/6/2015 denied the treatment request for 12 acupuncture visits to the patient's right knee citing CA MTUS Acupuncture Treatment Guidelines. The reviewed medical records identified the patient with chronic right knee pain status post right knee arthroscopy with no postoperative management to include acupuncture care. The medical necessity for initiation of a trial of acupuncture care was recommended consisting of four visits. The reviewed medical records did not support the medical necessity for initiation of acupuncture treatment. 12 sessions to the patient's right knee is not medically necessary and is not supported by CA MTUS Acupuncture Treatment Guidelines.