

Case Number:	CM14-0195178		
Date Assigned:	12/02/2014	Date of Injury:	07/05/2010
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the progress report dated 11/3/2014, the patient reported that his knee pain has intensified after some walking activity. The patient was being treated for back and knee pain. Significant objective findings consist of antalgic gait, bilateral peripatellar swelling, and positive crepitus on the left knee. There was no motor or sensory deficit of the lower extremity. Lumbar range of motion was 50% of expected. Ankle and knee reflexes were +1 bilaterally. The patient was diagnosed with bilateral knee arthropathy, post op left knee arthroscopy, post op right knee arthroscopy, and lumbar disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to bilateral knees, quantity six: 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 Guidelines recommend acupuncture for chronic pain. It states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had completed 6 acupuncture sessions. The provider stated that the patient was able to walk for a longer period of time.

However, the pain and stiffness comes back after sitting for a long period of time. There was no documentation of functional improvement through acupuncture. Therefore, the provider's request for additional acupuncture sessions is not medically necessary.