

Case Number:	CM14-0214956		
Date Assigned:	01/02/2015	Date of Injury:	10/28/2011
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Ohio

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:

Claimant is a 51 year old female who sustained a work related injury on 10/28/2011 due to a slip and fall injury. Treatment has included medications, physical therapy, psychological counseling, MRI, left total knee arthroplasty, and a right knee meniscectomy with removal of loose body and chondromalacia patella. Current symptoms are bilateral knee pain with effusion noted. Range of motion is limited and pain is elicited with movement. Current diagnoses are right medial meniscal tear, loose body, and chondromalacia, right knee osteoarthritis, and left knee chondromalacia patella. UR decision dated modified the request from 6 visits to 3 visits citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for six weeks for both knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines note that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS also notes that the procedure may be performed initially for 3-6 treatments to establish efficacy of treatment. The claimant underwent a right knee arthroplasty on 2/13/14, left total knee arthroplasty on 9/12/13, a course of physical therapy, and is on modified duty but able to work 40 hours a week. Based on the guidelines cited the request for a trial course of acupuncture 1 time a week for 6 weeks is medically necessary.