

Case Number:	CM15-0004604		
Date Assigned:	01/15/2015	Date of Injury:	01/08/2013
Decision Date:	03/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/08/2015

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 43 year old female, who sustained an industrial injury on 1/8/2013. She reports left knee and foot pain. Diagnoses include chondromalacia, synovitis, tenosynovitis and post-traumatic stress reaction of the left foot. Treatments to date include physical therapy, medication management and Synvisc injection. A progress note from the treating provider dated 11/4/2014 indicates the injured worker reported constant knee pain. On 12/3/2014, Utilization Review non-certified the request for 12 visits for acupuncture to the left knee, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6 Wks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The guideline states that acupuncture may be continued if there is documentation of functional

improvement. The provider's request for acupuncture 2 times a week for 6 weeks for the left knee exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request for 12 acupuncture session for the left knee is not medically necessary at this time.