MAXIMUS Federal Services

Case Number:	CM15-0102759		
Date Assigned:	06/05/2015	Date of Injury:	05/06/2013
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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 33 year old male, who sustained an industrial injury on 05/06/2013. He reported an injury to the left knee following a fall. Treatment to date has included physical therapy, acupuncture, MRI, steroid injections and surgery. According to a progress report dated 05/07/2015, the injured worker was currently completing 12 sessions of work conditioning. He had completed 12 sessions of acupuncture. These had been beneficial for his rehab of the knee. His range of motion and strength were returning. He still had some deficits in strength and endurance of the knee. Assessment included history of work related injury on 05/06/2013 fracturing the patella of the left knee, status post left knee patellar open reduction internal fixation on 05/06/2013, left knee MRI confirming scar tissue fibrosis, status post agreed medical evaluation on 04/14/2014 indicating the injured worker had not yet reached maximum medical improvement, status post Kenalog injection in June 2014 and status post Monovisc viscosupplementation to the left knee in August 2014. The treatment plan included continuance of remaining work conditioning sessions and 12 additional acupuncture sessions for the left knee. He was also to continue rest, ice, anti-inflammatories and analgesics. The provider noted anticipation of maximum medical improvement following the completion of work conditioning sessions and additional acupuncture. He was to continue working unrestricted. According to an undated progress report, the injured worker felt that acupuncture treatment had helped. He had less left knee soreness/pain when walking. Prior to acupuncture he could not jog 1 block without stopping due to pain and now could jog 2 blocks. Currently under review is the request for 12 acupuncture treatments for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Treatments for Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Despite that, twelve prior acupuncture sessions rendered were reported as beneficial in reducing symptoms, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to previous acupuncture was provided to support the medical necessity additional acupuncture. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not medically necessary for this patient.