

Case Number:	CM15-0012447		
Date Assigned:	01/29/2015	Date of Injury:	11/01/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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 44 year old female, who sustained an industrial injury on November 1, 2013. She has reported left knee pain. The diagnoses have included sprain of unspecified site of knee and leg, tear of medial cartilage or meniscus of knee, and status post right knee medical meniscectomy on February 18, 2014. Treatment to date has included left knee steroid injection, MRI, postsurgical physical therapy, and acupuncture. On December 16, 2014, the treating physician noted constant, minimal to moderate left knee pain on the medical aspect. The physical exam revealed minimal tenderness of the left knee, left knee range of motion of 0-110 degrees of flexion, and crepitus on the medial aspect. Acupuncture notes were submitted on 10/13/2014, 10/15/2014, 10/20/2014, 10/27/2014, 11/3/2014 and 11/10/2014. Per a Pr-2 dated 11/10/2014, the claimant reported having increased pain in her left knee because they have increased her workload. The claimant has continued relief for pain after treatment in addition to physical therapy. Repetitive activities such as sitting, standing, lifting and bending for long periods of time exacerbate the pain while rest, therapy, stretching, medications, and acupuncture have helped alleviate the pain. Per a PR-2 dated 11/18/2014, the claimant complains of constant moderate pain in the left knee but feels definite improvement with acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks 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: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. Recently the claimant had six acupuncture treatments with subjective benefits of temporary pain relief. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.