

Case Number:	CM15-0112276		
Date Assigned:	06/18/2015	Date of Injury:	04/11/2013
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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 55 year old male who sustained an industrial injury to his left knee on 04/11/2013 when he was playing soccer. The injured worker was diagnosed with a left anterior cruciate ligament tear. The injured worker underwent left knee anterior cruciate ligament reconstruction with allograft on December 3, 2014 followed by physical therapy. Treatment to date has included diagnostic testing, conservative measures, surgery, physical therapy, knee brace, crutches and medications. According to the primary treating physician's progress report on May 19, 2015, the injured worker continues to experience knee stiffness. The injured worker reports decreased range of motion and still gets pain with prolonged walks and bike riding. Examination of the left knee demonstrated moderate swelling, slightly warm medially with decreased range of motion. Incision was closed and healed. There was tenderness over the knee acupuncture points, quadriceps muscles, medial and lateral joint line. The injured worker had an antalgic gait. Current medications were not noted. Treatment plan consists of acupuncture therapy times 6 visits for the left knee for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 visits for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records available for review, it does not appear that the patient has yet undergone acupuncture care in the past. As the patient continued symptomatic despite previous care, (surgery, physical therapy, oral medication, work modifications and self-care) the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore, the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.