

Case Number:	CM15-0115011		
Date Assigned:	06/23/2015	Date of Injury:	03/11/2009
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 60 year old female, who sustained an industrial injury on 3/11/2009. She reported being hit in the right knee while the leg was crossed causing acute right knee pain. Diagnoses include right knee contusion and right knee chondromalacia. Treatments to date include anti-inflammatory medication, physical therapy, a right knee brace, and acupuncture treatments. Currently, she complained of ongoing right knee pain rated 4/10 VAS. On 4/10/15, the physical examination documented some pain with patella loading and along the medial joint line. The plan of care included sixteen (16) acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits x 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The provider stated that acupuncture

is helpful and has given the patient the best shot of relief of symptoms. There were no objective quantifiable documentation regarding functional improvement from past acupuncture session to warrant 16 acupuncture session. The last documentation of acupuncture was in 2/27/2014. It is reasonable for the patient to have 6 acupuncture sessions to see if there is functional improvement being that her last documented acupuncture was in 2/27/2014. The provider's request for 16 acupuncture session is excessive without documentation of functional improvement; therefore the provider's request is not medically necessary or appropriate at this time.