

Case Number:	CM15-0117612		
Date Assigned:	06/25/2015	Date of Injury:	06/25/2014
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/17/2015

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 49 year old female patient who sustained an industrial injury on 06/25/2014. A primary treating office visit dated 12/08/2014 reported the patient with subjective complaint of having numbness and tingling in the left knee and left ankle. She has pain when walking and standing for prolonged times and bending. The pain radiates from the left knee down the heel of the foot. She is diagnosed with the following: left knee strain/sprain with tear of ACL, PCL medial and lateral meniscus; left foot strain/sprain; left ankle strain/sprain and left heel pain. The plan of care involved orthopedic consultation, continue with chiropractic treatment and follow up in four weeks. At a follow up on 04/24/2015 the treating diagnoses were: left knee internal derangement/chondromalacia/medial/lateral tears; status post left knee arthroscopy 16 yrs prior (non-industrial), and left foot/ankle derangement. There is pending authorization to undergo left knee arthroscopy and surgical referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice weekly for four weeks: 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." After eight prior acupuncture sessions (reported benefits as "some pain relief"), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.