

Case Number:	CM15-0118097		
Date Assigned:	06/30/2015	Date of Injury:	11/25/1998
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This 76 year old male sustained an industrial injury to the back and knees on 12/2/98. Recent treatment included physical therapy and medications. In a PR-2 dated 6/15/15, the physician noted that the injured worker had been hospitalized on 5/14/15 due to severe pain. The physician stated that imaging of the neck and brain was inconclusive. The injured worker was given Dilaudid and Percocet which the injured worker described as being too strong. The injured worker was requesting Vicodin. The physician noted that the injured worker had unexpected weight loss, malaise and night sweats that was being worked up by his primary care physician. The injured worker could not do additional physical therapy due to balance issues. Physical exam was remarkable for a slow, shuffled gait. The injured worker needed assistance getting up from the chair, walking and sitting on the exam table. The physician noted that the injured worker's current physical state was poor. The injured worker was weak and unsteady on his feet. The physician did not feel comfortable prescribing pain medications. Current diagnoses included bilateral knee degenerative joint disease and lumbago. The treatment plan included acupuncture for bilateral knees and back twice a week for three week and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture bilateral knee/back 2x3 6 sessions: Overturned

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 guideline recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. The patient has a slow shuffled gait, needs assistance getting up from chair, walking, and sitting on the exam table. The patient was reported to be weak and instead on his feet. The patient was unable to do additional physical therapy due to balance issues. There was no evidence of prior acupuncture sessions. The provider's request for 6 acupuncture session for the knee and back is within the acupuncture guidelines and is medically necessary and appropriate at this time. The patient was authorized 3 of the 6 requested acupuncture session. Given the nature of the patient's condition, 6 acupuncture sessions is appropriate.