

Case Number:	CM15-0120210		
Date Assigned:	06/30/2015	Date of Injury:	10/08/2003
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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 was a 53 year old female, who sustained an industrial injury, October 8, 2003. The injured worker previously received the following treatments medication, chiropractic services, acupuncture, home exercise program, Tylenol, Ibuprofen, right knee brace for pain flare-ups, pain lotion, right knee MRI which showed chondromalacia of the medial and lateral compartment as well as the patellofemoral joint with chronic strain of the quadriceps tendon with a small joint effusion. The injured worker was diagnosed with chondromalacia of the right knee, quadriceps tendinitis of the right knee and right knee strain/sprain. According to progress note of June 1, 2015, the injured worker's chief complaint was pain and swelling of the right knee. The injured worker was reporting locking and buckling of the right knee. The physical exam noted the injured workers gait was slightly stiff. Squatting resulted in right knee pain. The injured worker had decreased range of motion of the right knee. There was a small to moderate joint effusion noted. There was diffuse tenderness. Acupuncture had been effective in the past. The treatment plan included acupuncture for the right knee.

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 4 weeks of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.