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| Case Number: | CM15-0122374 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 11/14/2014 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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 female, who sustained an industrial injury on 11/14/2014. She has reported injury to the left knee and low back. The diagnoses have included left knee sprain/strain; rule out left knee internal derangement; left ankle sprain/strain; lumbosacral sprain; strain; left sacroiliac joint sprain; lumbar spondylolisthesis at L4-5; and osteophyte formation of the left patella. Treatment to date has included medications, diagnostics, bracing, chiropractic therapy, and physical therapy. Medications have included Ibuprofen, Tramadol, and Acetaminophen with Codeine. A progress report from the treating physician, dated 05/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of activity-dependent moderate achy low back pain, rated at 7/10 on the pain scale; activity-dependent constant moderate achy left knee pain, rated at 7/10 on the pain scale; the pain radiates to the foot; activity-dependent moderate to severe achy left ankle pain, rated at 7-8/10 on the pain scale; and the left ankle pain radiates to the foot. Objective findings included lumbar ranges of motion are decreased and painful; there is +3 tenderness to palpation of the lumbar paravertebral muscles; there is muscle spasm of the lumbar paravertebral muscles; Kemp's and sitting straight leg raise causes pain bilaterally; Valsalva's causes pain; the left knee ranges of motion are decreased and painful; there is +3 tenderness to palpation of the anterior knee, medial knee, and medial joint line; valgus and patellar compression causes pain; the left ankle ranges of motion are decreased and painful; there is +3 tenderness to palpation of the dorsal ankle and lateral ankle; and anterior drawer causes pain. The treatment plan has included the request for acupuncture 3 times per week over 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times per week over 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the records available for review, the patient did not have prior acupuncture care. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 18 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances to support such care, the request is seen as excessive, therefore not supported for medical necessity.