

Case Number:	CM15-0128026		
Date Assigned:	07/14/2015	Date of Injury:	04/15/2004
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 71 year old female who sustained an industrial injury on 04/15/2004. The injured worker was diagnosed with bilateral degenerative joint disease of the knees. The injured worker is status post left total knee arthroplasty (original surgery date not documented) and a revision of the left total knee arthroplasty with removal of failed tibial component prosthesis, quadricepsplasty and subcutaneous lateral release with intra-articular injection on January 13, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, aquatic therapy, consultations and medications. According to the primary treating physician's progress reports on April 22, 2015 and May 28, 2015, the injured worker continues to experience lower back and right knee pain. The injured worker also reports left knee is better however complains of vascular insufficiency of the left leg. Examination demonstrated tenderness about her left ankle and left knee. There were no other objective findings. Neurovascular findings were not documented. A progress report dated January 26, 2015 noted acupuncture therapy had reduced the injured worker's pain level from 9.5/10 to 7/10. Current medications are listed as Norco 10/325mg, Voltaren XR and Lidoderm Patch. Treatment plan consists of vascular consultation, urine drug screening and the current request for right knee acupuncture therapy twice a week for 6 weeks to correct imbalances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions for the right knee which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.