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| Case Number: | CM15-0128594 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 01/17/2013 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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 63 year old male, who sustained an industrial injury on January 17, 2013. He reported an injury to his left knee. Treatment to date has included diagnostic imaging, orthotics, physical therapy, medications, knee injection and acupuncture therapy. Currently, the injured worker complains of pain in his left knee. He reports that his left knee is weak and clicks when he walks. He rates his left knee pain a 6 on a 10-point scale. His pain rating has decreased from his previous evaluation. On physical examination the injured worker has tenderness to palpation over the left knee and a restricted range of motion. McMurray's test is positive. The injured worker reports that his acupuncture therapy helps to decrease his pain and tenderness. He reports that his activities of daily living are improved with acupuncture therapy. The diagnoses associated with the request include left knee sprain/strain, rule out left knee internal derangement, and rule out left knee meniscal tear. The treatment plan includes continued acupuncture therapy and MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, Left Knee, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, 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 left knee which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, 12 acupuncture treatments are not medically necessary.