MAXIMUS Federal Services

Case Number:	CM15-0170724		
Date Assigned:	09/11/2015	Date of Injury:	08/21/2014
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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 63 year old male, who sustained an industrial injury on 8-21-14. The injured worker has complaints of left knee pain. Left knee examination on 7-31-15 revealed 2+swelling, tenderness medial and lateral jointline, range of motion is 5 to 120 degrees and the McMurray test is positive. Left knee X-ray on 4-28-15 showed chondromalacia changes of the patellofemoral joint and slight narrowing of the medial joint line. Magnetic resonance imaging (MRI) of the left knee post-operative on 4-3-15 showed abnormal signal in the posterior horn and body of the medial meniscus with extension of the contrast, consistent with recurrent or residual tear and there are mild-to-moderate chondromalacia changes. The diagnoses have included sprain of knee and leg not otherwise specified. Treatment to date has included physical therapy in which the injured worker feels worse afterwards; supartz only helped for a few days; home exercise program, ice and arthroscopic surgery on 11-18-14. The documentation on 7-31-15 noted that the injured workers work status was modified with no repetitive bending, no squatting or kneeling, no standing greater than 2 hours per 8 hour shift. The original utilization review (8-7-15) partially approved a request for acupuncture 6 visits (original request for acupuncture 2 times a week times 6 weeks for a total of 12 visits).

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 times 6 weeks (12): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic, 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 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.