

Case Number:	CM15-0173804		
Date Assigned:	09/15/2015	Date of Injury:	01/10/2006
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 65 year old female who sustained an industrial injury on 1-10-06. A review of the medical records indicates she is undergoing treatment for chronic left knee pain, with a history of arthroscopic surgery in February 2013, and right knee pain (industrially disputed). The records indicate an MRI from 6-16-15 shows "osteoarthritic changes in the left knee as well as a lateral meniscus horizontal tear in the posterior horn". Medical records (1-20-15 to 7-14-15) indicate ongoing complaints of bilateral knee pain, affecting the left knee more than the right. The physical exam (6-15-15) indicates pain with full flexion of both knees, left greater than right, pain with full extension, right greater than left, and crepitus bilaterally, left greater than right. Diagnostic studies have included bilateral knee x-rays and MRIs. Treatment has included physical therapy, water aerobics, Diclofenac gel, over-the-counter anti-inflammatory medications, steroid injections, acupuncture, and Voltaren gel. Progress notes indicate that the injections and acupuncture were "tried and failed" (3-17-15). The 7-14-15 progress note indicates that the injured worker reported that she had tried acupuncture in the past and that it "helped". A request for 8 sessions of acupuncture was made to "see if can give her some functional benefit". The utilization review (8-4-15) indicates denial of the requested treatment, giving the rationale that "objective functional gains from prior acupuncture are not noted".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, for the left knee, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The provider requested acupuncture care, as a trial due to the fact that the patient did not have acupuncture over one year. Despite the fact the records available did not document the number of prior sessions or the gains obtained, the guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested 8 acupuncture sessions, which is exceeding the number recommended by the guidelines without any current extenuating circumstances documented, the request is seen as excessive and not medically necessary.