

Case Number:	CM15-0174086		
Date Assigned:	09/15/2015	Date of Injury:	06/25/2014
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
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: 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 50 year old female, who sustained an industrial injury on 6-25-2014. Medical records indicate the worker is undergoing treatment for left anterior cruciate ligament tear, left meniscus tear-medial and lateral, left knee sprain/strain, left foot and ankle sprain/strain and left heel pain. A recent progress report dated 6-10-2015, reported the injured worker complained of left knee, left ankle and left foot pain. Physical examination revealed left knee and left foot tenderness. Left knee magnetic resonance imaging showed anterior and posterior cruciate tears, patella chondromalacia and medial and lateral degenerative changes with medial and lateral meniscus tears. Treatment to date has included 16 acupuncture visits, physical therapy, chiropractic care, Naproxen, Omeprazole, Cyclobenzaprine, Ketoprofen and FCMC compound cream. There is a pending request for left knee surgery. The physician is requesting Acupuncture for the left knee and left ankle 8 visits (2 times per week for 4 weeks). Per a Pr-2 dated 4/14/15 and 6/10/15, the claimant states that she does get some relief from medicines, rest, and acupuncture. On 8-4-2015, the Utilization Review noncertified the request for Acupuncture for the left knee and left ankle 8 visits (2 times per week for 4 weeks).

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 and left ankle 8 visits (2 times per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.