

Case Number:	CM15-0174267		
Date Assigned:	10/28/2015	Date of Injury:	09/08/2014
Decision Date:	12/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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 49 year old female, who sustained an industrial injury on 9-8-2014. The injured worker was being treated for unspecified internal derangement of the right knee and left knee sprain. The injured worker (3-20-2015) reported ongoing right greater than left knee pain with clicking and a sense of buckling and locking. The physical exam (3-20-2015) revealed left knee extension of 170 degrees and right knee extension of 160 degrees with flexion of 125 degrees. The treating physician noted bilateral knee medial and lateral joint line tenderness and a positive right patellar tilt test. The injured worker (6-18-2015 and 7-23-2015) reported ongoing pain of the bilateral knees. The physical exam (6-18-2015) revealed right greater than left knee pain. The physical exam (7-23-2015) revealed increased right knee instability and increased pain in the left knee, which was unchanged from the last visit. The MRI of the right knee (3-6-2015) stated there was a small joint effusion and minimal popliteal cyst, a small 1 cm old osteochondral lesion distal anterior femoral condyle with displacement fragment, and minimal degenerative change of the medial meniscus. The x-rays of the left knee (3-30-2015) stated the knee was unremarkable. Treatment has included ice, heat, and medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (7-23-2015 report), the injured worker has returned to work. On 7-23-2015, the requested treatments included acupuncture for the bilateral knees. On 8-12-2015, the original utilization review non-certified a request for acupuncture for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral knees unspecified number of quantity, frequencies or duration:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 12, 2015 denied the treatment request for acupuncture treatment to the patient's bilateral knees (no specific number of visits was addressed) citing CA MTUS acupuncture treatment guidelines. The reviewed medical records failed to address the patient's past medical history of acupuncture management to the bilateral knees nor provided in the requested treatment plan the specific number of requested visits again to the bilateral knee regions. The reviewed medical records failed to address the medical necessity for initiation of a treatment plan of six visits to the bilateral knee areas by providing the patient's complete past medical history of similar care or compliance and with the CA MTUS treatment guidelines for initiation of care as requested. Therefore the request is not medically necessary.