

Case Number:	CM15-0174276		
Date Assigned:	09/16/2015	Date of Injury:	09/29/2005
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
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 62-year-old female, who sustained an industrial injury on 9-29-05. The injured worker was diagnosed as having osteoarthritis NOS left leg; fracture upper tibia-Fibula-closed; tear medial meniscus knee; tear lateral meniscus knee. Treatment to date has included status post left knee arthroscopy (7-20-06); status post left tibial Plateau fracture-ORIF (10-2005); status post fluoroscopically guided cannulation of the left tibial screw head x2 (3-20-15); physical therapy; leg brace; acupuncture; medications. Currently, the PR-2 notes dated 8-13-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of increased anterior shin pain. Injured worker reports improvement in symptoms following an injection. The injured worker is a status post fluoroscopically guided cannulation of the left tibial screw head x2 of 3-20-15. Objective findings document "negative knee, tender anterior shin, positive crepitus." Treatment plan includes refill Neurotin-Anaprox, ice packs; request authorization for surgical consult for hardware removal; request authorization for home IF unit for pain and swelling; follow-up in 4-6 weeks; and request authorization for acupuncture 1x4 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional acupuncture, once a week for 4 weeks, left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient has had acupuncture in the past. The provider reported that the patient was unable to perform the following task before acupuncture treatments: household chores, squatting, getting into and out of the car, walking 2 blocks, walking a mile; going up or down 10 stairs, and standing for 1 hour. After the course of acupuncture treatment, the patient was able to perform those activities with a little difficulty. The lower extremity functional scale was 54 before acupuncture sessions, and reduced to 39 after acupuncture treatments. Based on the documentation of functional improvement gained from past acupuncture sessions, the provider's request for 4 additional acupuncture session to the left knee is medically necessary at this time.