

Case Number:	CM15-0176915		
Date Assigned:	09/17/2015	Date of Injury:	09/24/2014
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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, Montana
 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 61 year old female, who sustained an industrial injury on 9-24-14. Medical record indicated the injured worker is undergoing treatment for left hand contusion, left elbow lateral epicondylitis, lumbar spine sprain-strain and bilateral knee sprain-strain. Treatment to date has included physical therapy (which she states didn't work), activity modifications and home exercise program. It is noted within the progress note (MRI) magnetic resonance imaging of right knee performed on 6-8-15 revealed degenerative tearing of the posterior horn and body of the lateral meniscus, degenerative tearing throughout the medial meniscus, mucoid degenerative changes in anterior greater than posterior cruciate ligaments, severe chondromalacia of articular cartilages of lateral compartment, moderately large joint effusion with mild synovial hypertrophy, small tricompartmental degenerative osteophytes and multilobulated popliteal cyst. Currently on 6-2-15 and on 7-31-15, the injured worker complains of intermittent moderate left knee pain. Physical exam on 6-2-15 and on 7-31-15 of left shoulder revealed palpable tenderness and spasm of the trapezius muscles with positive rotator cuff weakness, exam of left elbow revealed tenderness to the lateral epicondyle, exam of bilateral hands revealed tenderness and exam of the lumbosacral spine revealed increased tone and tenderness of the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms and exam of right-left knee reveals tenderness to the medial joint line bilaterally with no crepitus and a brace on the right knee; she ambulates with a single point cane. The treatment plan included a request for authorization for acupuncture 2 times a week for four weeks for right knee. On 8-20-15,

utilization review modified a request for acupuncture 8 sessions to 3 sessions noting guidelines recommend 3 to 6 sessions to provide functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right knee, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 2X4 acupuncture sessions for the right knee which were modified to 3 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.