

Case Number:	CM15-0073737		
Date Assigned:	04/23/2015	Date of Injury:	10/09/2012
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 61 year old female who sustained an industrial injury on 10/09/2012. The mechanism of injury or the injury site was not reported. The injured worker was diagnosed as having right shoulder internal derangement; left shoulder internal derangement; right knee internal derangement; rule out left knee internal derangement. Treatment to date has included acupuncture, non-steroidal anti-inflammatories and medications for gastrointestinal prophylaxis. Currently, the injured worker complains of constant dull, achy and sharp pain in the right and in the left shoulder that radiates from the shoulder and the shoulder locks. In both the right and in the left knee, the worker complains that the knee throbs and there is pain in the back of the knee. A request for authorization was made for Acupuncture 2x6 weeks for bilateral knees and Chiropractic 2x6 weeks 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 2x6 weeks for bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for bilateral knee pain. She underwent right knee surgery in October 2013 for a meniscal tear. Prior treatments had included acupuncture and completion of at least 20 physical therapy sessions. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Chiropractic 2x6 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for bilateral knee pain. She underwent right knee surgery in October 2013 for a meniscal tear. Prior treatments had included acupuncture and completion of at least 20 physical therapy sessions. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.