

Case Number:	CM15-0095437		
Date Assigned:	05/22/2015	Date of Injury:	08/06/2012
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 56 year old female who reported an industrial injury on 8/6/2012. Her diagnoses, and/or impressions, are noted to include: right knee meniscal tear with displacement into the notch; three-compartment synovitis and chondromalacia - status-post right knee arthroscopy with partial lateral meniscectomy, synovectomy and chondral debridement on 11/3/2014. No current imaging studies are noted. Her treatments have included surgery; medication management; and modifies work duties (un-accommodated by her employer). The progress notes of 3/17/2015 reported continued pain in the right knee region, with occasional and significant flare-up which causes increased pain. The objective findings were noted to include mild effusion within the right knee; an unequivocal McMurray test; the inability to squat; and the mention that there was a bucket-handle component to her meniscal tear that appeared unstable. The physician's requests for treatments were noted to include acupuncture for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 6 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (surgery, physical therapy, oral medication, work modifications and self care, amongst others) an acupuncture trial for pain management would have been reasonable and supported by the MTUS. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 18 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, and not medically necessary.