

Case Number:	CM13-0027434		
Date Assigned:	11/27/2013	Date of Injury:	02/08/2011
Decision Date:	02/12/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44 year old female who sustained a work-related injury on 2/8/11 due to a fall. She now has low back and knee pain. She has used NSAIDs for pain control, and was given a diagnosis of right lateral compartment arthritis, patellofemoral subluxation, and lumbar pain. She underwent two knee surgeries in 2011 and 2012 for meniscal tears and joint effusions. She has also undergone Orthovisc injections. Postoperative care included physical therapy. A 3/27/13 progress note indicated that the claimant had patellar tenderness. Prior treatment included manipulation, whirlpool, gait training, ultrasound testing, and kinetic exercises three times a week. An acupuncture note on 4/25/13 noted that an initial six treatments were completed and improvement was made in strength, pain and stress, but not in range of motion. A subsequent order in August requested continuation of acupuncture. At the time, the knee pain and muscle spasms were associated with occasional numbness and frequent shooting pain. There was less than expected improvement by the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It can also reduce pain and inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in anxious patients, and reduce muscle spasms. The time to produce functional improvement is 3-6 treatments 1-3 times per week, for an optimum duration of 1-2 months if functional improvement is documented. In this case, the claimant has completed 18 acupuncture treatments with some functional improvement after the first six sessions. Afterward, improvement was less than expected. Acupuncture has been provided beyond the optimal duration with minimal additional improvement; therefore, further treatments are not medically necessary.