

Case Number:	CM13-0047191		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2012
Decision Date:	02/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology 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:

This is a 55-year-old male with a date of injury of 10/01/2012. Pertinent past medical history includes a report on 10/16/2013 of constant moderate to severe, sharp, grinding pain in the right knee, aggravated by walking and bending. Objective findings from this day include spasm and tenderness in the right knee. There is also note of functional improvement described as a decrease in work restriction and increased range of motion for the right knee flexion from 70 to 75 degrees. This is presumably directly resulting from completion of acupuncture therapy 3 times a week for 2 weeks. According to this patient's medical record a utilization review was performed and acupuncture was certified for 3 times a week for 2 weeks on 8/15/13. Additional diagnoses include cervical disc herniation with myelopathy, lateral epicondylitis of the right elbow, tendinitis, bursitis and capsulitis of the right foot, and right ankle sprain/strain. There is documented subjective and objective evidence to support these diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 3 times a week for 2 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, Chronic Pain Treatment Guidelines Page(s): 1-34.

Decision rationale: This request is for additional acupuncture 3 times a week for 2 weeks for the right knee. According to the MTUS guidelines, functional improvement means there must be documented, clinically significant improvement in activities of daily living or a reduction in work restriction and a reduced dependency on continued medical treatment. According to this patient's medical records there is a documented decrease in work restriction on 10/16/2013. This is attributed to acupuncture treatment, however, there is no documented objective evidence of actual acupuncture treatment and/or acupuncture therapy sessions in this patient's medical record. In addition, according to MTUS guidelines there should be a reduced dependency on continued medical treatment. There is no documented evidence of reduced dependency on continued medical treatment. Therefore, the requested treatment is considered NOT medically necessary.

Initial evaluation for pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary-Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-34.

Decision rationale: This request is for initial evaluation for pain management. According to MTUS guidelines, general multidisciplinary pain management programs require specific criteria are met. These criteria include but are not limited to baseline functional testing and follow up testing, documentation of previous methods of pain treatment with information regarding levels of success/improvement with treatment. This requires formulation of a treatment plan with consideration of various modalities of treatment that may be modified based on periodic review. This needs to take place prior to evaluation for a multidisciplinary pain management program. There is no documented evidence of a clear, formulated treatment plan that has been implemented and subsequently reviewed and/or modified over time. Therefore, the above listed issue is considered NOT medically necessary.