

Case Number:	CM13-0047204		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2011
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/05/2013

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. The expert reviewer is licensed in Chiropractic and Acupuncture 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 injured worker is a 48 year old female who reported right shoulder pain and left knee pain from injury sustained on 6/6/2011. Mechanism of injury is unknown. X-rays of right shoulder was unremarkable. MRI of right shoulder showed osteoarthritis and tendonitis. Patient was diagnosed with AC joint sprain/strain, Right shoulder sprain/strain, Left knee sprain/ strain. Patient was treated with medication, acupuncture and extracorporeal shockwave procedure for shoulder and knee. Per notes on 9/30/13, patient reported dull intermittent pain in left knee. Range of motion was not documented. Objective findings were not documented. Patient has approximately 11-12 Acupuncture treatments for shoulder pain. Acupuncture notes did not state any changes in pain scale, range of motion or any other functional improvements. According to the last acupuncture visit on 6/21/12, patient felt the same from the last treatment. Patient's injury is over 2 years old and she hasn't had any flare-ups or noted any functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment 2-3 x wk x 6 weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 62.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per Occupational medicine practice guidelines chapter 13 page 339 "Manipulation does not appear to be effective in alleviating knee pain". Per Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Knee: Not recommended. Per review of evidence and guidelines, Chiropractic treatment for knee pain is not medically necessary.

Acupuncture treatment 1-2 x wk x 6 weeks to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9 "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines apply for acupuncture and acupuncture with electrical stimulation. "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Prior acupuncture treatment did not have an impact on the patient's pain scale or functionality. Patient's injury is over 2 years old and she hasn't had any recent flare-ups or functional deficits where acupuncture would be beneficial. Per guidelines and review of evidence the patient has not had any functional improvement with prior conservative therapy therefore acupuncture treatment for the left knee is not medically necessary.