

Case Number:	CM13-0054313		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2012
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Chiropractor 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 patient is a 51 year old female who was injured on 11/19/2012. Mechanism of injury was reported as she was sitting in the back seat inside a van when a disabled client backed up on his wheelchair and crushed her right foot and struck her right knee with the electric wheelchair. The patient stated that her body was jarred during the impact. Hours later, she noticed the onset of pain in her right foot/ankle, right knee and hips followed by swelling in her right foot and ankle. The patient has been treated with prescription medication, acupuncture and physical therapy in conjunction with physiotherapy. The patient had comprehensive initial orthopedic surgical consultation on 07/23/2013 recommended that the patient follow up in pain management consultation for right SI joint injection with depomedrol and continue with conservative treatment measures for the right hip, knee, and ankle. He also recommended that the patient continue with medications. Diagnostic studies performed include: MRI of the right knee was performed on 04/17/2013 and revealed: 1. Minimal tricompartmental osteoarthritic changes are seen on this examination. A 2.7 mm region of abnormal signal intensity is seen within the articular surface of the lateral femur, which may represent a tiny focus of osteonecrosis. The bone marrow signal intensity is otherwise unremarkable. There is no evidence of fracture or malalignment. There is no evidence of joint effusion. The anterior and posterior cruciate ligaments are unremarkable. The medial and lateral collateral ligaments are unremarkable. The patellar and quadriceps tendons are unremarkable. Meniscal structures are unremarkable. Multipositional portion of the study does not demonstrate any evidence of additional pathology. 2. Bone marrow irregularity as described which may represent a tiny focus of spontaneous osteonecrosis. Recommend clinical correlation. MRI of the right hip was performed on 04/16/2013 and revealed: Left adnexal cyst as described. May consider formal pelvic MRI versus endovaginal ultrasound for further evaluation if clinically indicated. Otherwise, unremarkable

MRI of the hip. MRI of the right ankle was performed on 04/16/2013 and revealed: Unremarkable MRI of the ankle. Requested Treatment: Decision for acupuncture therapy 2 times per week for 6 weeks for right hip, knee, ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 2 times a week for 6 weeks for right hip, knee, ankle, and foot:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per the referenced guidelines, acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines further indicate that acupuncture treatments may be extended if functional improvement is documented which is defined as decrease in pain, increased endurance, increased ability to perform ADLs and job-related duties, improved sleep and reduce pain behaviors. The patient was treated with acupuncture treatment and there is no documentation of whether the prior treatment resulted in functional gains or improvement. The patient was noted to have persistent pain and difficulties with most activities. Therefore, the request for acupuncture therapy 2 times a week for 6 weeks for right hip, knee, ankle, and foot is non-certified.