

Case Number:	CM13-0055402		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2013
Decision Date:	05/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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 59 year old female with date of injury 2/12/13. The treating physician report dated 10/29/13 indicates that the patient presents with pain affecting the right knee which is traveling to her right foot and toes rated a 7/10. Secondary complaints include difficulty sleeping, headaches, anxiety and depression. The current diagnoses are: 1. Sprain/strain knee/leg 2. Internal derangement of knee 3. Segmental dysfunction of lower extremity 4. Unspecified sleep disturbance 5. Unspecified acute reaction to stress 6. Anxiety state unspecified. The utilization review report dated 11/13/13 denied the request for 4 additional electroacupuncture visits for the right knee, with no rationale included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional electroacupuncture visits for the right knee once a week for four weeks, including infrared therapy and myofascial release techniques: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation EBM reference is included in the body of the report.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic right knee pain rated a 7/10. She ambulates with an antalgic gait favoring the right. She is ambulating with a cane to help support the right knee as it tends to give out on her. Physical examination showed findings of nonspecific tenderness at the right knee; Drawer, Appley's and McMurray tests are positive. The treating physician indicates that the patient has completed 6 electroacupuncture treatments of the right knee that included infrared therapy and myofascial release techniques as prescribed on 8/16/13. The treating physician states "The previous session of six treatments really seemed to help and she notes less limping as a result of such treatment." Review of the Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture treatment for knee complaints. The AMTG states that if acupuncture treatments are to be extended then there must be documented functional improvement. This current request is for acupuncture 1x4 of the right knee. The AMTG does not support on-going acupuncture treatments without documentation of functional improvement. Functional improvement per labor code 9792.20(e) require significant change in ADL's, improvement in work status AND decreased dependence of other treatments. In this case, the treater documents improved ADL's by showing less limping but does not provide documentation of decreased dependence of other treatments such as reduction of medication use. Recommendation is for denial.