

Case Number:	CM14-0002903		
Date Assigned:	01/29/2014	Date of Injury:	11/18/2009
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 52 year old male whose date of injury is 11/18/09. The injured developed knee pain while carrying bottles walking down a flight of stairs. The clinical indicates lumbar medial branch blocks on 05/21/13 and 09/10/13, and lumbar epidural steroid injection on 07/09/13 and 01/14/14. MRI of the right knee dated 01/17/14 revealed tricompartmental osteoarthritis; mild degeneration of the medial meniscus with fraying of the tibial surface but no discrete tear; semimembranous cystic tendinosis, improved; mild chronic patellar enthesopathy. The tendons and ligaments are intact. Office visit note dated 01/28/14 indicates that right knee range of motion is 0-130 degrees. There is medial joint line tenderness and patellofemoral joint tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture is not recommended as medically necessary. The patient has been authorized for at least 12 acupuncture visits to date. California Medical Treatment Utilization Schedule guidelines note that optimum duration of treatment is one to two months, and there is no clear rationale provided to support exceeding this recommendation. The patient's objective, functional response to the most recently authorized course of acupuncture is not documented to establish efficacy of treatment and support additional sessions. There are no specific, time-limited treatment goals provided. The request is not medically necessary or appropriate.