

Case Number:	CM14-0100399		
Date Assigned:	09/16/2014	Date of Injury:	02/21/2013
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Chiropractor 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 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 63 year old female who reports pain in her right knee from injury sustained on 02/21/13. Patient was walking towards her work station when she fell injuring her right knee. X-ray of the right knee dated 12/19/13 shows the lateral joint space measures 2 mm and the patellofemoral joint space measures 5 mm. An MRI of the right knee on 03/09/14 revealed subluxation/dislocation of the torn mid portion of the lateral meniscus, the posterior horn of the medial meniscus shows intrameniscal signal and irregularity with the signal appearing to extend to an articular surface; irregularity of the distal anterior cruciate ligament with moderate edema along the course and what appears to be a partial tear distally; moderate joint effusion and a small Baker's cyst. Patient is diagnosed with sprain/strain of the right knee, status post right knee arthroscopy, right knee sprain with severe lateral meniscus tear with subluxation/dislocation with milder meniscal tears with high grade sprain/partial tear of ACL. Patient has been treated with medication, physical therapy, chiropractic treatment, analgesic creams, surgery, acupuncture treatment and a knee brace. Per notes dated 05/22/14, patient complains of constant pain in her right knee at a pain level of 7/10. Pain is worsened with prolonged sitting, standing, walking, repetitive kneeling, squatting, climbing and in cold weather. Examination revealed tenderness to palpation in the right knee. Primary treating physician requested 8 acupuncture visits. Patient has had prior acupuncture treatment however there is no documented functional improvement. Patient has had an unknown number of previous acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4: 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". "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". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.