

Case Number:	CM14-0103428		
Date Assigned:	07/30/2014	Date of Injury:	04/27/2009
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 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 55 year old male who reported low back and left knee pain from injury sustained on 04/27/09. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with bilateral knee pain; degenerative disease of the left knee; medial meniscus extrusion of right knee; lumbar sprain/strain with disc protrusion at L5-S1 superimposed upon multilevel degenerative disc disease and right inguinal hernia. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 03/24/14, patient complains of bilateral knee pain, left greater than right, low back pain and right groin pain. In reference to the low back; patient indicates he has been provided with acupuncture and decompressive type therapy; he notes the adjunctive care has provided him some improvement in his low back pain. HE reports his low back symptoms remain relatively unchanged. Per medical notes dated 06/16/14 patient complains of low back pain which is constant, moderate, dull, achy, sharp and stiff. Pain is aggravated by cold weather, standing, walking, bending and squatting. Pain is rated at 7/10. Patient complains of left knee pain associated with standing and walking. Pain is rated at 7/10. Examination revealed decreased range of motion of the lumbar spine. There is tenderness to palpation of the lumbar paravertebral muscles. There is tenderness to palpation of the anterior, lateral and medial knee. Primary treating physician is requesting addition 8 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 2XWK X 4WKS - LUMBAR, 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". "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. Per medical notes dated 03/24/14, patient indicates he has been provided with acupuncture therapy which has provided him some improvement in his low back pain. 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 2x4 acupuncture treatments are not medically necessary.