

Case Number:	CM14-0107892		
Date Assigned:	08/01/2014	Date of Injury:	11/11/2013
Decision Date:	09/26/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine 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 36-year-old male who has submitted a claim for thoracic spine sprain/strain, thoracic spine sprain/strain, lumbar spine disc protrusion, bilateral shoulder tendonitis, left knee partial ACL tear, and knee tendonitis associated with an industrial injury date of 11/11/2013. Medical records from 11/30/2013 to 06/09/2014 were reviewed and showed that patient complained of low back pain graded 6/10 and left knee pain graded 6/10 . Physical examination of the lumbar spine revealed tenderness and spasm over the lumbar paraspinal muscles, decreased lumbar ROM, and negative SLR test. Physical examination of the left knee revealed varus alignment of the left leg otherwise normal physical findings. MRI of the lumbar spine dated 01/04/2014 revealed L4-5 disc protrusion. EMG/NCV of the lower extremities dated 01/28/2014 revealed normal EMG and inability of the patient to tolerate NCS, MRI of the left knee dated 01/12/2014 revealed partial thickness tear of the ACL and quadriceps tendinosis. Treatment to date has included six visits of acupuncture, 8 visits of physical therapy, and pain medications. Of note, there was no objective documentation of functional improvement from previous acupuncture and physical therapy. Utilization review dated 06/19/2014 denied the request for Acupuncture 2-3 x 4 for Lumbar and Left Knee because there was no measurable evidence of success with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 x 4 for Lumbar and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 9720.20 Definitions.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient completed 6 visits of acupuncture therapy. However, there was no objective documentation of functional improvement from previous acupuncture sessions to support continuation of treatment. Therefore, the request for Acupuncture 2-3 x 4 for Lumbar and Left Knee is not medically necessary.