

Case Number:	CM14-0013598		
Date Assigned:	02/26/2014	Date of Injury:	06/28/2012
Decision Date:	09/03/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family 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:

A 26 year old female patient sustained a work related injury on 6/28/12 involving the low back and knees. She was diagnosed with a herniated disc, right medial meniscal tear and anterior cruciate ligament tear. She underwent repair of the anterior cruciate ligament (ACL) and used topical pain patches for relief. A progress note on 10/17/13 indicated the injured worker had continued pain in the knees and back. There was weakness with standing and reduced range of motion. The treating physician requested acupuncture and chiropractic therapy for 12 sessions each. On 12/18/13, the treating physician again requested 12 sessions of both therapies above.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement is 3-6 treatments for 1-3 x/week over 2 months. In this case, the prior

amount of acupuncture treatments completed and their response are unknown. The additional request exceeds the amount recommended to by guidelines. Therefore the request above is not medically necessary.

CHIROPRACTIC THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

Decision rationale: According to the MTUS Guidelines, chiropractic sessions are not recommended for the knee. For the low back, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6-8 weeks is recommended. In this case, the application and indication for treatment is not specified. In addition, the amount of treatments previously completed is unknown. Therefore, the request for the chiropractic sessions above is not medically necessary.