

Case Number:	CM14-0015552		
Date Assigned:	02/28/2014	Date of Injury:	09/25/2006
Decision Date:	07/08/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery 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 67 year old female whose date of injury is 09/25/2006. Report dated 12/23/13 indicates the injured worker has received four sessions of acupuncture each month and has reported benefit and improvement. The injured worker has mild parapatellar knee pain and was given a neoprene patella stabilizer. The injured worker is noted to be permanent and stationary. Handwritten progress note dated 03/07/14 indicates the right leg is feeling well. Range of motion of the right knee is 0-135 degrees. There is much less swelling and less tenderness. Treatment to date includes acupuncture, cupping and electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 MAINTENANCE ACUPUNCTURE VISITS: 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 24 maintenance acupuncture visits is not recommended as medically necessary. The submitted records indicate the injured worker has been receiving four acupuncture visits per month. CA MTUS guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to

support exceeding this recommendation. There are no objective measures of improvement as a result of acupuncture treatment documented to establish efficacy of treatment. CA MTUS guidelines generally do not support elective/maintenance treatment. There are no specific, time-limited treatment goals provided. Therefore, the request for 24 maintenance acupuncture visits is not medically necessary and appropriate.

1 PATELLA STABILIZER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Knee brace.

Decision rationale: Based on the clinical information provided, the request for patella stabilizer is not recommended as medically necessary. The Official Disability Guidelines note that knee braces are generally supported for postoperative treatment and instability of the knee. These are not documented in this patient. The injured worker complains of mild parapatellar knee pain. Therefore, ODG criteria are not met, and the requested patella stabilizer is not medically necessary.