

Case Number:	CM14-0018515		
Date Assigned:	02/21/2014	Date of Injury:	06/20/2012
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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 Licensed in Chiropractic, has a subspecialty in 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 24 year old male who reported knee pain from injury sustained on 6/20/12. Mechanism of injury is unknown. MRI of the right knee revealed internal degeneration of the posterior horn of medial meniscus without a focal tear. Bone scan was suggestive of reflex sympathetic dystrophy. Patient is diagnosed with knee pain, radicular pain and neuropathic pain. Patient has been treated with medication, physical therapy, chiropractic and acupuncture per utilization review. Per notes dated 11/13/13, patient continues to complain of right knee pain. Per notes dated 1/9/14, he continues to have pain in right knee located mostly anteriomedial. Examination revealed full range of motion and he is recommended for pain management. Per utilization review, progress notes dated 1/15/14 reveal that the patient has increasing knee pain which was rated at 6/10. Pain is constant, sharp and shooting. Walking exacerbate the symptoms. Examination revealed decreased range of motion and atrophy of right knee. Per utilization review, the patient has had prior acupuncture treatment however progress notes were not included. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES PER WEEK FOR SIX WEEKS TO THE RIGHT KNEE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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". It is unclear if the patient has had prior acupuncture treatment. Per utilization review the request is for additional visits; however, acupuncture progress reports were not provided for review. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.