

Case Number:	CM14-0138972		
Date Assigned:	09/05/2014	Date of Injury:	12/22/2011
Decision Date:	10/03/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 47 year old female who reported right knee pain from injury sustained on 12/22/11. Mechanism of injury was not documented in the provided medical records. MRI of the right knee dated 02/14/13 revealed moderate to severe joint space narrowing in medial compartment, lateral facet of patellofemoral joint exhibits space narrowing and osteophyte formation. Patient is diagnosed with sprain/strain of unspecified site of knee and leg; status post knee replacement and possible iliotibial tendinitis. Patient has been treated with total knee arthroscopy, medication and physical therapy. Per medical notes dated 06/17/14, patient has persistent left knee pain which is aggravated by prolonged standing and walking. Per medical notes dated 08/05/14, patient complains of persistent right knee pain. She has an antalgic gait requiring a cane to the right. Examination revealed tenderness to palpation of IT band and distal femur. Provider is requesting initial trial of 12 acupuncture sessions. Requests visits exceed the quantity supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Knee & Leg

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 not had prior Acupuncture treatment. Provider is requesting initial trial of 2X6 acupuncture treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.