

Case Number:	CM14-0159732		
Date Assigned:	10/03/2014	Date of Injury:	05/03/2013
Decision Date:	12/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 patient is a 60-year-old female who has submitted a claim for lumbosacral, elbow, and forearm sprain / strain associated with an industrial injury date of 5/3/2013. Medical records from 2014 were reviewed. The patient complained of throbbing pain and swelling of the right knee. She likewise experienced low back pain and left elbow pain. Physical examination of the right knee showed tenderness and limited motion. Tenderness and spasm were noted at the lumbar spine. Treatment to date has included right knee arthroscopy on 6/27/2014, physical therapy, and medications. The utilization review from 9/17/2014 denied the request for acupuncture treatment for the left elbow, lumbosacral and right knee, QTY: 12 sessions because the requested number of treatment sessions exceeded that of guideline recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the left elbow, lumbosacral and right knee, QTY: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd; London, England; www.clinicalevidence.com: Section: Musculoskeletal disorders; Condition: Osteoarthritis of the Knee, Condition: Herniated Lumbar Disc, Condition: Low Back Pain (acute)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, the patient complained of throbbing pain and swelling of the right knee. She likewise experienced low back pain and left elbow pain. Physical examination of the right knee showed tenderness and limited motion. Tenderness and spasm were noted at the lumbar spine. Symptoms persisted despite right knee arthroscopy on 6/27/2014, physical therapy, and medications. Acupuncture is a reasonable treatment option at this time. However, the guideline recommends 3 to 6 visits as trial. The present request as submitted exceeded that of guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore, the request for acupuncture treatment for the left elbow, lumbosacral and right knee, QTY: 12 sessions is not medically necessary.