MAXIMUS Federal Services

Case Number:	CM14-0172228		
Date Assigned:	10/23/2014	Date of Injury:	08/07/2006
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 57 year old male who reported left wrist, elbow, shoulder, hip and knee pain from injury sustained on 08/07/06 after he tripped over a brick landing on his left side. There were no diagnostic imaging reports. Patient is diagnosed with internal derangement of knee, knee/lower leg degenerative joint disease, chronic pain due to trauma-right knee and failed low back syndrome. Patient has been treated with right knee arthroscopic surgery, left knee arthroscopic surgery, epidural injection, acupuncture, trigger point injection, nerve block and massage. Per medical notes dated 07/03/14, patient complains of pain in the right knee, pain is constant, aching, sharp and shooting. Per medical notes dated 09/04/14, patient complains of right knee pain. He reports sudden onset of pain which is constant, aching, sharp and shooting. Pain radiates to the right leg and is rated at 7/10 on average and currently 8/10. Per medical notes dated 09/11/14, patient complains of right knee pain rated at 7/10. Pain is made worse by increased activity, sitting, standing and walking for long periods of time. Provider requested additional 6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture 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". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.