

Case Number:	CM14-0173892		
Date Assigned:	10/27/2014	Date of Injury:	01/18/2013
Decision Date:	12/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 64 year old female who reported right knee and shoulder pain from injury sustained on 01/18/13 after a trip and fall. MRI of the right knee revealed medial meniscal tear, partial lateral meniscectomy, ACL degeneration with distal partial tear, semi membranous tendinosis, popliteus tendinosis, knee joint effusion with synovitis and baker's cyst. MRI of the right shoulder revealed supraspinatus and conjoined tendon partial tears, infraspinatus and subscapularis partial tendon, SLAP type 2 tear, anterior glenoid labral tear, GH joint effusion, subacromial subdeltoid bursitis, AC joint osteoarthritis, and anterior down sloping of acromion. Patient is diagnosed with shoulder sprain/strain, knee sprain/strain, internal derangement of the knee, shoulder impingement, rotator cuff syndrome and status post right knee arthroscopy. Patient has been treated with knee surgery, medication, aquatic therapy and acupuncture. Per medical notes dated 09/03/14, patient complains of increased pain in the knee and shoulder. Examination revealed decreased range of motion with muscle spasms. Per medical notes dated 09/04/14, patient complains of right shoulder pain that is constant, rated at 7-8/10. Right knee pain is constant and tenderness to palpation of lateral knee rated at 7/10. Examination revealed decreased range of motion of the right shoulder, increased pain and muscle spasms. Per acupuncture progress notes dated 09/17/14, patient complains of right knee pain rated at 6/10, progress is slow but steady. Provider is requesting additional 8 acupuncture sessions. 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. Medical reports reveal little evidence of significant changes of 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:

8 Sessions of Acupuncture for the Right Knee and Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition(web), 2014, Knee & Leg, Chapter: Acupuncture, and and Shoulder Chapter.

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. Per medical notes dated 09/03/14, patient complains of increased shoulder and knee pain with decreased range of motion and muscle spasms. Patient has had extensive acupuncture treatments; provider is requesting additional 8 acupuncture sessions for right knee and shoulder pain. 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, 8 acupuncture treatments are not medically necessary.