

Case Number:	CM14-0175612		
Date Assigned:	10/28/2014	Date of Injury:	08/14/2001
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 61 year old male who reported left knee pain from injury sustained on 08/14/01 due to fall. X-rays of the left knee dated 08/19/14 revealed significant joint space narrowing over the medial tibiofemoral compartment, some sclerotic changes as well as spur formation in the joint space. Patient is diagnosed with status post left knee arthroscopy (01/09/02); left knee internal derangement and left knee pain. Patient has been treated with arthroscopic surgery, medication, injection, physical therapy and acupuncture. Per medical notes dated 03/29/14, patient complains of severe pain in his left knee rated at 7/10. Pain is described as constant, radiating to lower leg to his foot. He has limited range of motion. Per medical notes dated 06/30/14, patient complains of left knee pain rated at 7/10 which is unstable with swelling. Per medical notes dated 09/29/14, patient complains of left knee pain rated at 6-7/10. Patient is utilizing a non-hinged knee brace over the left knee, he reports he is experiencing some instability over the left knee while ambulating. Provider requested acupuncture 2X6 for the left knee. According to utilization review, patient was authorized 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 acupuncture treatments: 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. According to utilization review, patient was authorized 6 acupuncture sessions. Per medical notes dated 06/30/14, patient complains of left knee pain rated at 7/10 and feels unstable and swollen. Provider requested additional 12 acupuncture sessions for left knee 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.