

Case Number:	CM14-0028781		
Date Assigned:	06/16/2014	Date of Injury:	12/28/2012
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 License 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 31 year old male who reported right knee pain from injury sustained on 12/28/12. He lost his balance on a roof overhang, fell and struck his right knee. Injured worker is status post right knee posterolateral corner reconstruction and posterior cruciate ligament reconstruction; partial medial and lateral meniscectomies and removal of femoral posterolateral screw. Patient is diagnosed with pain in joint of lower leg and sprain/ strain of lateral collateral ligament. Patient has been treated with surgery, medication, physical therapy and chiropractic. Per notes dated 12/12/13, patient complains of right knee pain. It is aggravated by prolonged standing and walking. Patient rates his pain at 1/10. Examination revealed restricted range of motion with tenderness to palpation. Per notes dated 1/10/14, patient complains of right knee pain. Pain is aggravated by prolonged standing and walking. Pain is rated at 1/10. Patient started physical therapy with 60% improvement in pain. He has been able to stop taking oral medication since starting therapy. Primary treating physician is requesting 8 acupuncture sessions. The request was modified to 3 visits by the utilization reviewer. Per notes dated 4/10/14, patient complains of right knee pain rated at 4/10 which is described as aching and sharp. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODIFIED CERTIFICATION: 3 ACUPUNCTURE VISITS TO BE COMPLETED PRIOR TO 02/18/14 QME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339.

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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Primary treating physician requested 8 acupuncture visits which were modified to 3 by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.