

Case Number:	CM14-0040779		
Date Assigned:	06/27/2014	Date of Injury:	03/16/2011
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 50-year-old female who reported pain in her knee from an injury sustained on 03/16/2011. The medical reports provided do not detail the mechanism of injury however additional reviews provided indicate the injured was walking and twisted her right leg and her knee cracked. The injured worker initially sustained a right knee strain. An MRI (magnetic resonance imaging) was done on the right knee on 09/06/2012. The MRI revealed a type IV anterolateral and posterolateral meniscal tears. The onjured is diagnosed with internal derangement of the knee. The patient underwent a right knee diagnostic and operative arthroscopy with partial medial/lateral meniscectomy and partial lateral meniscectomy, chondroplasty, patella-plasty, partial synovectomy, and removal of loose bodies on 08/25/11; and a right knee arthroscopic revision of right knee medial meniscectomy and partial lateral meniscectomy on 11/08/12. The injured worker has been treated with medication: Medrox, Naproxen, Omeprazole, Tramadol and Ketoprofen. She has also received physical therapy and cortisone injection to the knee administered on 12/16/2013, the injured worker noted improvement from the cortisone injection. Per progress report dated 01/14/14, the injured worker indicates that the knee pain persists. She has not been taking her medications due to side effects. The injured worker has stated that knee pain is aggravated when going up and down stairs; she also has complaints of depressive symptoms. Per medical report dated 01/14/14, upon physical examination of the right knee, there are well-healed arthroscopic holes about the right knee. Effusion is noted about the knee. Lateral collateral ligament is tender to palpitation. Upon physical examination of the left knee, joint line is tender to palpation. McMurray's is positive. Medial collateral ligament is tender to palpation. The primary treating physician requested three visits times four weeks which was modified to one visit times six weeks per

guidelines. The 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:

Twelve (12) sessions of acupuncture for the bilateral knees between 3/20/2014 and 5/4/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines, 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: three to six treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented. For patient who had no prior acupuncture treatment, three to six treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. In this case, the requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS- Definition, 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. Per MTUS guidelines and review of evidence, the request for twelve acupuncture visits are not medically necessary.