

Case Number:	CM14-0042433		
Date Assigned:	06/30/2014	Date of Injury:	04/30/2013
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/09/2014

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 Internal medicine, and is licensed to practice in Arizona. 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:

This is a 42-year-old female who injured her knee while working as a nurse assistant. She was transferring a patient from a wheelchair to the bed and fell on the knee, causing a hematoma and laceration. She initially consulted two orthopedic surgeons, the first one recommended surgery; this note is not in the chart. The second one did not find any tears or ligamentous damage. He recommended conservative treatment with restricted activity, an anti-inflammatory cream, and physical therapy. Meanwhile she chose a chiropractor to be her managing provider. He ordered both acupuncture and chiropractic manipulation. The acupuncture was allowed but the chiropractor was declined. There were repeated submissions for this patient to have these services. She ultimately completed 6-12 sessions of acupuncture (the exact number could not be confirmed) and still reported a 7/10 pain level. Meanwhile she had two separate aspirations with an injection of corticosteroid. This was helpful. In January 2014 this patient consulted with a third orthopedic surgeon. He reviewed the MRI and found her to have a medial meniscus tear; however it did not correlate with the location of her pain. After examining her, he concluded that she has chondromalacia patella and has recommended that she undergo arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times per week for 8 weeks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, Section 9792. 24.1. Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: The MTUS, Acupuncture Medical Treatment Guidelines state acupuncture can be used as an adjunct for pain control and help in rehabilitation, and to hasten functional recovery. It can be used to reduce pain, and inflammation, to increase blood flow and range of motion, and to decrease the side effects of medication-induced nausea. It also can promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. The frequency should be 1 to 3 times per week. The optimum duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented (as defined in section 9792. 20). This would mean there is a significant decrease in pain, increase in activities of daily living and/or a reduction in work restrictions shown on the history and physical exam. The MTUS, ACOEM, Knee Complaints, page 339 does not recommend acupuncture for acute knee problems, because there is insufficient evidence showing benefit. This patient's trial of 6-12 acupuncture visits (could not clarify what number she completed) did not improve this patient's function or reduce her pain. There is no sufficient evidence to support this continued modality. Therefore, acupuncture is not medically necessary.

Chiropractic sessions once per week for 8 weeks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

Decision rationale: The MTUS indicates that chiropractic therapy, synonymous with manual therapy or manipulation is recommended for certain chronic pain situations, if caused by musculoskeletal conditions. The intended goal or effect of this is to achieve a positive symptomatic or objective measurable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities; for low back pain is it recommended as an option. But for the ankle, foot, Carpal Tunnel Syndrome, forearm, wrist, hand and knee, Manual Therapy is not recommended. Therefore, the request for chiropractic therapy for this patient's knee is not medically necessary.