

Case Number:	CM14-0046559		
Date Assigned:	07/02/2014	Date of Injury:	10/30/2002
Decision Date:	08/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 65-year-old male who reported neck, low back and left knee pain from injury sustained on 10/30/12, due to a slip and fall. The patient is diagnosed with left knee synovial plica syndrome and medial meniscal tear; grade 2 chondromalacia patella; low back pain and neck pain. An MRI of the lumbar spine revealed multiple disc degeneration with mild to moderate L3-4 central stenosis. The patient has been treated with left knee arthroscopic surgery therapy; medication and acupuncture. The medical notes dated 10/21/13, indicates that the patient complains of neck, back, left knee pain. The pain is described as mild to severe. The pain radiates into left shoulder, buttock and hip. The symptoms include stiffness, swelling, stabbing pain. The pain is rated at 7-8/10. The symptoms are worse during and after activity. An examination revealed decreased range of motion. Per the medical records dated 11/19/13, acupuncture treatment has provided significant pain relief that lasted for hours. There is no assessment in the provided medical records of functional efficacy with the prior acupuncture visits. The medical reports reveal little evidence of significant changes or improvement in the findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that 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. The patient has had prior acupuncture treatment. There is a lack of evidence that prior acupuncture care was of any functional benefit. The medical reports reveal little evidence of significant changes or improvement in the 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. The guidelines also indicate that 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 the review of evidence and guidelines, the request for six (6) acupuncture treatments are not medically necessary.