

Case Number:	CM14-0047233		
Date Assigned:	07/02/2014	Date of Injury:	05/21/2013
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Physical Medicine and Rehabilitation 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:

This 35 year-old patient sustained a twisting knee injury on 5/21/13 from working on a pole while employed by [REDACTED]. Request(s) under consideration include Acupuncture right knee 1 x 6 and Final functional capacity evaluation. Diagnoses include Knee/Leg sprain/ medial meniscal tear/ post-surgical state (s/p right knee arthroscopy with ACL reconstruction); sleep disturbance/insomnia. Report of 3/17/14 from the chiropractic provider noted the patient with right knee pain associated with numbness and tingling of right lower extremity rated at 4/10; loss of sleep due to pain. Exam showed tenderness to palpation of inferior patella border/ lateral and medial joint line; right McMurray's cause pain; mild right knee swelling; healed surgical scar. Review indicated report of 1/8/14 from the chiropractic provider had same unchanged symptom complaints and clinical findings with recommendation for acupuncture. Request(s) for Acupuncture right knee 1 x 6 was modified for quantity #2 visits and Final functional capacity evaluation was non-certified on 3/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right knee 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, pages 8-9: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery Page(s): 8-9.

Decision rationale: This 35 year-old patient sustained a twisting knee injury on 5/21/13 from working on a pole while employed by [REDACTED]. Request(s) under consideration include Acupuncture right knee 1 x 6 and Final functional capacity evaluation. Diagnoses include Knee/Leg sprain/ medial meniscal tear/ post-surgical state (s/p right knee arthroscopy with ACL reconstruction); sleep disturbance/insomnia. Report of 3/17/14 from the chiropractic provider noted the patient with right knee pain associated with numbness and tingling of right lower extremity rated at 4/10; loss of sleep due to pain. Exam showed tenderness to palpation of inferior patella border/ lateral and medial joint line; right McMurray's cause pain; mild right knee swelling; healed surgical scar. Review indicated report of 1/8/14 from the chiropractic provider had same unchanged symptom complaints and clinical findings with recommendation for acupuncture. Request(s) for Acupuncture right knee 1 x 6 was modified for quantity #2 visits and Final functional capacity evaluation was non-certified on 3/25/14. The patient was certified for 2 acupuncture sessions on 12/19/13; however, no report of functional improvement provided. Most recently, an additional 2 sessions were modified. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 6 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. The previous provider also had discontinued acupuncture noting lack of relief. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture right knee 1 x 6 is not medically necessary and appropriate.

Final functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: This 35 year-old patient sustained a twisting knee injury on 5/21/13 from working on a pole while employed by [REDACTED]. Request(s) under consideration include Acupuncture right knee 1 x 6 and Final functional capacity evaluation. Diagnoses include Knee/Leg sprain/ medial meniscal tear/ post-surgical state (s/p right knee arthroscopy with ACL reconstruction); sleep disturbance/insomnia. Report of 3/17/14 from the chiropractic provider noted the patient with right knee pain associated with numbness and tingling of right lower extremity rated at 4/10; loss of sleep due to pain. Exam showed tenderness to palpation of inferior patella border/ lateral and medial joint line; right McMurray's

cause pain; mild right knee swelling; healed surgical scar. Review indicated report of 1/8/14 from the chiropractic provider had same unchanged symptom complaints and clinical findings with recommendation for acupuncture. Request(s) for Acupuncture right knee 1 x 6 was modified for quantity #2 visits and Final functional capacity evaluation was non-certified on 3/25/14. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient is s/p knee arthroscopic surgery and continues to treat for ongoing significant symptoms with further plan for treatment interventions, without change in work status. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Final functional capacity evaluation is not medically necessary and appropriate.