

Case Number:	CM14-0056420		
Date Assigned:	07/09/2014	Date of Injury:	12/27/2011
Decision Date:	09/04/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine 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 is a 42 year old female who reported an industrial injury on 12/27/2011, which was almost three years ago, to her bilateral knees, ankles, and hips due to performing her usual job tasks. The claim was for reported cumulative trauma without a specific injury other than performing the job tasks of a cook/janitor. The patient reported swelling to the right knee on the reported date of injury. The patient was diagnosed with a strain of the left knee and was treated with medications; Physical Therapy; crutches; a prednisone taper; and Norco. The patient was prescribed modified duties and a knee brace. An MRI of the right knee dated 4/16/2012 demonstrated evidence of significant patellofemoral chondromalacia with Hoffa's pad edema; attenuated ACL; and interosseus extension of ganglion cyst; no meniscal tear. The patient received corticosteroid injections to the knee and a recommendation for surgery. An AME evaluation of the patient dated 3/30/2013 diagnosed the patient with lumbago; internal derangement of the knee; and internal derangement of the ankle/foot. The patient was not permanent and stationary. It was noted that the MRI of the left knee dated 5/28/2014 documented evidence of one medial collateral ligament sprain; myxoid degeneration in posterior horn lateral meniscus; degenerative arthritis in the form of slightly reduced tibial for moral joint space, few marginal osteophytes, spiking of tibial spine and chondromalacic change; grade 2 chondromalacia patella; Wiberg type II patella demonstrating lateral subluxation; small knee joint effusion. The MRI lumbar spine dated 5/31/2013 was unremarkable. The electrodiagnostic study dated 11/27/2013 documented evidence of a bilateral L5 radiculopathy. The patient was diagnosed with patellofemoral syndrome; chondromalacia of the bilateral knees; left greater than right hip strain/brain superimposed on DJD; bilateral ankle sprain/strain. It was noted that the patient had a significant amount of physical therapy and was also documented that acupuncture

has not been attempted in the case; so it was recommended that she be provided a trial of acupuncture to help manage pain, decreased medication use, and improved activity tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment Trial X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for a trial of acupuncture four sessions without specificity to body parts was made on the initial orthopedic evaluation of the patient. There was no provided conservative care by the requesting orthopedic surgeon prior to the request for acupuncture after it was noted that the patient had received a significant number of sessions of physical therapy. The treating physician requested acupuncture sessions to the knee based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient is not currently participating in a self directed home exercise program for conditioning and strengthening. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment; however continues to have ongoing OA/strain/chronodromalacia pain to the bilateral knees. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self directed home exercise program. There is no documentation that the patient has failed conventional treatment. The use of acupuncture was requested only in that she had not received it in the past. There was no rationale supporting the use of acupuncture and the treating body parts were not documented. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the knee. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks.