

Case Number:	CM14-0059558		
Date Assigned:	07/09/2014	Date of Injury:	09/15/2013
Decision Date:	08/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 a licensed Chiropractic and Acupuncturist and is licensed to practice 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 56 year old male who reported left shoulder and right knee pain from injury sustained on 09/15/13. While crawling inside the pit of a plane, he felt sharp pain in his right knee and left shoulder. Radiographs of the right shoulder revealed osteoarthritis including acromioclavicular joint. Radiographs of the right knee revealed mild arthritic changes. MRI of the knee revealed medial and lateral meniscal tears. There was marked cartilage loss on both sides of medial compartment with small joint effusion. The patient is diagnosed with tear of lateral and medial cartilage or meniscus knee current; chondromalacia patella; rotator cuff syndrome and shoulder sprain/strain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 12/4/13, patient continues to complain of right knee pain. The patient also complains of popping, swelling and denies any locking or giving away. Per medical notes dated 03/31/14, patient is benefiting from authorized acupuncture and Kinesio tape. Patient continues to have right knee pain with popping and swelling. Per acupuncture progress notes dated 04/04/14, patient complains of right knee pain rated at 7/10 and constant shoulder pain rated at 5/10. Primary physician is requesting additional 6 acupuncture treatments with infrared and medical supply/ Kinesio taping. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in 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) additional visits of Acupuncture with Infra Lamp and Medical Supply/Kinesio Tape: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedures; Kinesio Tape.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee and Leg>, <Insert Topic (Acute and Chronic)>.

Decision rationale: According to the 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: 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. Per ODG-TWC in knee and leg chapter: Kinesio tape (KT) not recommended. There are no quality studies covering use in the knee, and this is preliminary pilot study in the knee concluded that Kinesio taping had no effect on muscle strength. In this case, the patient has had prior acupuncture treatment. According to the acupuncture progress notes dated 04/04/14, patient complains of right knee pain rated at 7/10 and constant shoulder pain rated at 5/10. Primary physician is requesting additional 6 acupuncture treatments with infrared and medical supply/ Kinesio taping. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. As such, the request for Six (6) additional visits of acupuncture with infra lamp and medical supply/kinesio tape is not medically necessary and appropriate.