

Case Number:	CM14-0063583		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2007
Decision Date:	09/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 49 year old female who reported a date of injury of 08/22/2007; the mechanism of injury was a twisting injury. She had diagnoses of pain in the joint of the lower leg and bilateral knee pain. Prior treatments included medications and 5 sessions of acupuncture from 12/06/2013 through 12/20/2013 and, an unknown number of acupuncture visits prior to 12/06/2013, and VQ Active brace. There is no evidence of prior surgical intervention within the medical records provided. The injured worker had complaints of bilateral knee pain that was better with medications. The clinical note dated 10/28/2013 had findings of blocked tibiofemoral rotation, gross tenderness to both medial and lateral joint lines, the home bounce, lachman, anterior and posterior drawer and McMurry tests were negative. The documentation included acupuncture treatment notes from 12/06/2013 to 12/20/2013; however, the notes did not include a quantitative measure of improvements in pain. The clinical note dated 04/07/2014 noted the injured worker reported pain medications were somewhat beneficial; however, medications had not stopped the injured worker's pain. The injured worker had pain to the medial joint line of the left knee, medial collateral ligament laxity, blocked tibiofemoral rotation, and a positive patellar compression test. The physician indicated the injured worker had improvement in pain with acupuncture previously. The plan of treatment was for 12 additional sessions of acupuncture, left knee viscosupplemental injections and the continuation of medications. The physician recommended acupuncture for pain control. The request for authorization form was received on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture Therapy for the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 sessions of Acupuncture therapy for the bilateral knees is not medically necessary. The injured worker had complaints of knee. The injured worker reported pain medications were somewhat beneficial; however, medications had not stopped the injured worker's pain. The physician indicated the injured worker had improvement in pain with acupuncture previously. The California MTUS guidelines note 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The injured worker had 5 visits of acupuncture from 12/06/2013-12/20/2013 stating she had improvements in symptoms; however, there was no quantitative documentation of the injured workers improvements in pain and functional abilities with the acupuncture. The documentation does not indicate how many sessions of acupuncture the injured worker has completed. As such, the request is not medically necessary.