

Case Number:	CM14-0069454		
Date Assigned:	07/14/2014	Date of Injury:	10/15/2013
Decision Date:	08/27/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 a licensed 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 48 year old male who reported left knee pain from injury sustained on 10/15/13. He was putting some pallets in an elevator and the pallet jack got stuck; it moved unexpectedly, causing him to hit his left knee on a cement pillar. X-rays of the left knee revealed no fracture. MRI of the left knee revealed lateral meniscal tear. Patient is diagnosed with contusion of knee, pain in joint, sprain/strain of lateral collateral knee ligament. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 02/05/14, patient states he has been receiving acupuncture twice a week and the improvement is limited. Per medical notes dated 03/11/14, patient complains of occasional moderate pain in the left knee and left lower leg. He has moderate tenderness to palpation. Provider is recommending continuing acupuncture, quantity 8. Per medical notes dated 03/12/14, patient reports occasional pain in the left knee. Pain is described as throbbing and is rated at 7/10. Pain travels to his left leg and is increased with standing, walking, bending, squatting, stooping, kneeling as well as crouching. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 8 visits for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. Patient has had prior acupuncture treatment. Per medical notes dated 02/05/14, patient states he has been receiving acupuncture twice a week and the improvement is limited. 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. 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 acupuncture, 8 visits for the left knee is not medically necessary and appropriate.