

Case Number:	CM14-0074561		
Date Assigned:	07/16/2014	Date of Injury:	10/08/2011
Decision Date:	08/27/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 62 year old female who reported leg, hip, right knee and low back pain from an injury she sustained on 10/08/11 secondary to walking on stairs. The exact mechanism of the injury is unknown. MRI of 12/30/13 of the right hip revealed mild SI joint degenerative changes. MRI of 12/30/13 of the right knee revealed prior partial medial meniscectomy with large bone infarction, osteoarthritis changes, and severe degeneration of anterior cruciate ligament. The patient is diagnosed with status post right knee operative arthroscopy, degenerative joint disease -right knee and lumbar spine musculoligamentous strain syndrome. The patient has been treated with medication, therapy, arthroscopic surgery on 2012 and acupuncture. Per medical notes dated 02/05/14, patient has not improved with self-treatment. She indicates that pain from the right knee is radiating to her right upper leg as well as down her leg causing pain to her lumbar spine, pelvis, hips and ankles. Per the acupuncture progress notes dated 03/20/14, the patient reports no change in lumbar spine or right leg. The patient rates her pain at 7/10. Per medical notes dated 03/26/14, the patient has continued with her acupuncture but remains symptomatic. She continues to limp throughout the course of the day. The examination revealed no paravertebral muscle tenderness and satisfactory range of motion without discomfort. Provider is recommending authorization for additional 12 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The 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 which were not documented in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture to Left Hip and Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Division of Worker's Compensation Chapter 4.5, Subchapter 1, Article 5.5.2.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. 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 is: 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. The patient has had prior acupuncture treatment. Per medical notes dated 03/26/14, the patient has continued with acupuncture but remains symptomatic. Per acupuncture progress notes dated 03/20/14, the patient reports no change in the lumbar spine to right leg pain; pain is rated at 7/10. 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. 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. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.