

Case Number:	CM14-0088118		
Date Assigned:	07/23/2014	Date of Injury:	08/23/2013
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 licensed 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 57 year old female who reported knee pain and low back pain from injury sustained on 08/23/13. The patient got tangled in shrink wrap, lost her balance and fell landing on her knees. MRI of the left knee was unremarkable. MRI of the right knee revealed medial and lateral meniscus tear. MRI of the lumbar spine revealed multilevel spondylosis. Patient is diagnosed with knee strain, pain in lower knee and lumbar sprain/strain. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per medical notes dated 02/26/14, patient complains of low back pain rated at 6/10. Patient complains of right greater than left burning pain and numbness. Patient reports chiropractic is mildly helpful. She has bilateral knee pain and has difficulty walking. Per medical notes dated 03/05/14, patient complains of continued low back pain especially with prolonged standing and walking, but states chiropractic, acupuncture and physical therapy help with overall her pain level. She feels 50% reduction in pain but still complains of not being able to walk. Per acupuncture progress notes dated 03/12/14-03/28/14 there is no assessment of functional efficacy. Per medical notes dated 04/02/14, patient complains of constant low back pain rated at 6/10 and bilateral knee pain rated 5/10; she states acupuncture and physical therapy helps sometimes. 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:

12 Additional Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Additional Acupuncture treatments.

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: 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 acupuncture progress notes dated 03/12/14-03/28/14 there is no assessment of functional efficacy. Per medical notes dated 04/02/14, patient complains of constant low back pain rated at 6/10 and bilateral knee pain rated 5/10; she states acupuncture and physical therapy helps sometimes. 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 additional acupuncture treatments are not medically necessary.