

Case Number:	CM13-0034140		
Date Assigned:	03/21/2014	Date of Injury:	12/20/2012
Decision Date:	01/02/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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, has a subspecialty in 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 female who reported bilateral knee and mid back pain from injury sustained on 12/20/12 due to trip and fall. The patient is diagnosed with thoracic and lumbar spine strain and bilateral knee contusion with post traumatic chondromalacia. The patient has been treated with medication and therapy. Per medical notes dated 08/20/13, the patient complains of moderate to severe pain aggravated by prolonged standing, sitting, stooping, lifting or walking activities. Per medical notes dated 09/11/14, the patient complains of intermittent moderate pain in the mid back, radiating to bilateral shoulder and her neck, aggravated by prolonged standing, twisting, bending, lifting, carrying and stress. In addition, the patient complains of intermittent moderate pain in bilateral knee, left side greater, aggravated by prolonged standing, rising from a sitting position, going up and down the stairs. Pain is associated with popping and clicking. The provider requested initial trial of 2 x 4 acupuncture treatments for bilateral knees and thoracic spine which were modified to 2 x 3 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the bilateral knees and the thoracic spine:

Upheld

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

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". The patient has not had prior Acupuncture treatment. The provider requested an initial trial of 2 x 4 acupuncture treatments for the bilateral knees and thoracic spine which were modified to 2 x 3 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.