

Case Number:	CM14-0134887		
Date Assigned:	08/27/2014	Date of Injury:	05/07/2010
Decision Date:	12/24/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 5-7-10. The injured worker is diagnosed with tricompartmental osteoarthritis, bilateral knee internal derangement, right anterior cruciate ligament tear and post left knee surgery. His work status is temporary total disability. Notes dated 6-6-14, 7-11-15 and 7-21-14 reveals the injured worker presented with complaints of sharp, constant low back that radiates to his bilateral knees associated with numbness and is rated at 4 out of 10. Physical examinations dated 7-11-15 and 7-21-14 bilateral knees examination reveals tenderness and swelling with limited flexion and extension noted. There is pain with palpation over the medial and lateral joint lines, patellar tendon and patella. The McMurray's and patellar compression tests are positive bilaterally. Range of motion is decreased in the left knee. Treatment to date has included medications cause stomach upset per note dated 7-21-14, home exercise program. Diagnostic studies include urine toxicology screen and sudoscan. A request for 4 additional acupuncture visits for the left knee 1 time a week for 4 weeks is non-certified, per Utilization Review letter dated 7-21-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional acupuncture visits for the left knee, 1x per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The current request is for 4 Additional acupuncture visits for the left knee, 1x per week for 4 weeks. The RFA is dated 06/23/14. Treatment to date has included medications, left knee surgery, injection, chiropractic treatments, functional restoration program, physical therapy, and a home exercise program. At the time of treatment, the patient was temporary totally disabled. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e)." Per report 06/23/14, the patient presents with complaints of sharp, constant low back, and bilateral knee pain, associated with numbness. Physical examination revealed tenderness and swelling with limited flexion and extension of the bilateral knees. There is pain with palpation over the medial and lateral joint lines, patellar tendon and patella. The McMurray's and patellar compression tests are positive bilaterally. Range of motion is decreased in the left knee. Treatment plan included "authorization for a referral for acupuncture treatments for the lumbar spine and the left knee, at a frequency of once per week for four weeks; to improve strength, stability, range of motion, and to decrease the pain." The request, as it states, indicates that this is a request for "additional" acupuncture; however, in reviewing the 240 page medical file there is no indication of previous acupuncture treatments. Numerous reports list accounts of previous medical treatments including surgery, medications, PT, chiro, injections and a functional restoration program, but nothing suggesting acupuncture treatments. MTUS allows for an initial trial of 3-6 visits. Given the patient's continued symptoms, the request for 4 acupuncture treatments is reasonable and supported by MTUS. Therefore, the request IS NOT medically necessary.