

Case Number:	CM14-0143273		
Date Assigned:	09/10/2014	Date of Injury:	05/27/2008
Decision Date:	01/30/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine 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 (IW) is a 52-year-old woman with a date of injury of May 27, 2008. The mechanism of injury occurred when the IW fell trying to avoid a small child who ran in front of her. She sustained injuries to her right knee and left ankle. The injured worker's working diagnoses are arthropathy not otherwise specified of site not elsewhere classified; pain in joint of ankle and foot; and pain in joint of lower leg. The IW received conservative treatment and eventually underwent a right knee meniscal repair in 2009. She has continued conservative care after surgery with medications, physical therapy, acupuncture, and a home exercise program. A progress note dated January 17, 2014 indicates six out of eight acupuncture therapy sessions were approved. In a progress note dated April 22, 2014 an additional six out of eight acupuncture therapy sessions were approved. In a June 30, 2014 progress note 8 additional acupuncture therapy sessions were approved. Pursuant to the office visit note dated September 10, 2014, the IW complains of right knee pain, left ankle pain, left foot pain, and right foot pain. The pain is rated 5/10 and characterized as aching. The pain radiates to the right and left foot. The IW takes Hydrocodone 2.5/325mg, and uses Methoderm gel. She reports that medications are less effective. Pain level has increased since last visit. Examination of the left ankle reveals tenderness over the talo-fibular ligament, dorsal aspect of the foot. Motor exam and sensory examinations were normal. Examination of the right knee reveals decreased range of motion with flexion limited to 120 degrees with pain. Extension is normal. There was tenderness to palpation over the lateral joint line and medial joint line. Documentation indicates acupuncture was completed "with relief". The IW has received 18 acupuncture sessions to date. The medical record does not contain any documentation of objective functional improvement. There was no medical documentation available for review to determine the medical justification for treatment. The current request is for acupuncture visits X 6 to the right knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of Acupuncture to the right knee and left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, 6 visits of acupuncture to the right knee and left ankle are not medically necessary. The Official Disability Guidelines enumerate the frequency and duration of acupuncture treatments. Initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the injured worker's working diagnoses are pain in joint of ankle and foot; pain in joints of lower leg; and arthropathy not otherwise specified of site not elsewhere classified. A progress note dated January 17, 2014 indicates six out of eight acupuncture therapy sessions were approved. In a progress note dated April 22, 2014, an additional six out of eight acupuncture therapy sessions were approved. In a June 30, 2014 progress note 8 additional acupuncture therapy sessions were approved. In a September 10, 2014 progress note, the documentation states acupuncture was completed "with relief." The therapist concluded an additional six acupuncture sessions for the right knee and left ankle will be of benefit. The injured worker has received 18 acupuncture sessions to date. The medical record does not contain any documentation of objective functional improvement. There was no medical documentation available for review to determine the medical justification for treatment. Consequently, absent the appropriate clinical documentation/acupuncture indicating objective functional improvement and the supporting clinical rationale for continued acupuncture, six visits of acupuncture to the right knee and left ankle are not medically necessary.