

Case Number:	CM14-0167471		
Date Assigned:	10/14/2014	Date of Injury:	08/16/2013
Decision Date:	01/05/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopedic Surgery 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:

This is a 51-year-old male with a 8/16/13 date of injury, when he injured his right knee. The patient underwent a right knee arthroscopic surgery on 8/26/14. The patient was seen on 8/29/14 with complaints of 8/10 intermittent moderate dull, achy, sharp right knee pain. The patient was utilizing Norco for pain. Exam findings of the right knee revealed tenderness to palpation over the plantar fascia. The patient was wearing a bandage over the knee and was using crutches to ambulate. The range of motion of the knee was painful and there was tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. The McMurray's test was positive. The progress note stated that the patient was awaiting clearance for post-op PT. The diagnosis is right knee meniscus tear, sprain/strain, internal derangement, plantar fasciitis and status post right knee surgery. Treatment to date: right knee arthroscopic surgery, work restrictions, DME and medications. An adverse determination was received on 9/10/14 for a lack of documentation regarding a clear rationale for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture eight (8) sessions (2x4) Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 Clinical Topics: Pain, Suffering, and the Restoration of Function Chapter (page 114) Official Disability Guidelines (ODG) Knee and Leg Chapter, Acupuncture

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. The Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, ODG Acupuncture Guidelines recommend Initial trial of 3-4 visits over 2 weeks. The patient underwent a right knee arthroscopic surgery on 8/26/14. The progress note dated 8/29/14 indicated that the acupuncture was requested to increase ROM and ADLs and decrease the patient's pain. However the request was for 8 sessions of acupuncture and the Guidelines recommend initial trial of 3-4 visits. In addition, the patient was awaiting clearance for post-op PT. Lastly, there is no clear rationale indicating necessity for 8 sessions of acupuncture for the patient given, that the patient was awaiting postoperative PT treatment. Therefore, the request for Acupuncture eight (8) sessions (2x4) Right Knee was not medically necessary.