MAXIMUS Federal Services

Case Number:	CM14-0184604		
Date Assigned:	11/13/2014	Date of Injury:	03/17/1999
Decision Date:	03/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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: Chiropractor, Oriental Medicine

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 male who sustained an industrial injury on 3/17/99. He has reported left knee, back and elbow injuries. The diagnoses have included tear of medial and lateral meniscus of knee, olecranon bursitis, osteoarthritis, chronic pain syndrome and anxiety disorder. Treatment to date has included medications, ice, heat polar care cooler machine, acupuncture, activity modification, gym exercises, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, per the primary physician progress note dated 10/13/14, the IW complains of chronic stabbing, throbbing constant activity related pain to left knee since injury on 3/17/1999 in the anterior aspect of the knee. The pain radiates to the joint line and up the suprapatellar pouch. The pain is rated 6/10 at its worst and aggravated by stooping, bending, squatting, twisting, sitting greater than 20 minutes, lifting/carrying greater than 10 pounds and getting in and out of a vehicle, chair or bed. There is moderate medial joint line tenderness, capsular crepitation, medial joint line tenderness and medial compartment laxity to stress testing. The treatments which have alleviated the pain were medications, polarcare cooling machine, rest, elevation of legs, and change of position, gym exercises, and acupuncture treatments. The current medications were cymbalta, Percocet, zanafllex, motrin and valium.On 10/21/14 Utilization Review non-certified a request for 8 acupuncture treatments, noting the lack of evidence of functional improvement from previously completed acupuncture sessions, no evidence of decreased dependency on continued medical treatment and no evidence of a decrease in medication use. The MTUS, California Chronic pain medical guidelines, ACOEM Guidelines, and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture treatments which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 8 acupuncture treatments are not medically necessary.