

Case Number:	CM14-0189230		
Date Assigned:	11/17/2014	Date of Injury:	01/21/2009
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 licensed in Chiropractic and 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 47 year old female who reported bilateral knee and low back pain from injury sustained on 01/21/09 while lifting heavy boxes. The patient is diagnosed with left knee sprain/strain; meniscus tear; lumbar spine sprain/strain; and lumbar radiculopathy. The patient has been treated with status post knee arthroscopy; medication; physical therapy; acupuncture and cortisone injection. Per medical notes dated 09/09/14, the patient complains of bilateral knee pain aggravated by prolonged walking and standing, greater on the right. Pain in the right knee is rated 10/10 and left knee is rated 8/10. The pain has increased over the last few days and complains of low back pain that radiates into her right leg. The patient has had prior acupuncture treatment; however, for a different body part. The provider requested 8 acupuncture treatments for bilateral knee and low back, which per utilization review dated 10/13/14, was modified to 6 for low back pain and left knee pain. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture for the bilateral knees and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, 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 had prior acupuncture treatment; however, for a different body part. 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. The provider requested 8 acupuncture treatments for bilateral knee and low back, which per utilization review dated 10/13/14, was modified to 6 for low back pain and left knee pain. The patient has had prior acupuncture treatment; however, for a different body part; therefore the request was treated as an initial trial. 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, this request is not medically necessary.