

Case Number:	CM14-0197839		
Date Assigned:	12/08/2014	Date of Injury:	04/03/2010
Decision Date:	01/26/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Chiropractor DC 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 59 year old male who sustained a work related injury April 3, 2010. Past medical history included diagnoses of; cervical disease/retrolisthesis of C3 on C4, thoracic and lumbar disc disease, left shoulder impingement/left shoulder arthropathy, and arthroscopic surgery right knee 9/27/2013. A primary treating physician's progress report dated November 6, 2014, reveals the injured worker presented for follow-up of his right knee meniscal injury. He noted some continued popping but continues to remain active; working out, biking, yoga, stretching and weight lifting. There is continued stiffness with minimal ability for any prolonged crouching. He was recently in physical therapy with acupuncture for the lower back and would like to pursue acupuncture for the right knee. On examination; the gait is doing well, range of motion of the right knee is well tolerated with slight irritability and no instability, strength 5/5, sensation intact and continued mild joint line tenderness. The treating physician documents permanent and stationary meniscal injury, right knee, in a patient who has responded well to acupuncture and requests 6 sessions of acupuncture to the right knee. Of note, there are no x-ray or MRI reports, or previous ongoing acupuncture treatment records present in this case file. According to utilization review performed November 18, 2014, the submitted documentation does not reflect the amount of therapy administered or the amount/duration of any functional benefits obtained. Furthermore, the documentation does not supply comparative objective evidence to support the request. Citing MTUS Acupuncture Guidelines, the request for acupuncture to the right knee, quantity 6, is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right knee QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS 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". Patient has had prior acupuncture treatment for lumbar spine. The treating physician documents permanent and stationary meniscal injury, right knee, in a patient who has responded well to acupuncture and requests 6 sessions of acupuncture to the right knee. 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. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.