

Case Number:	CM14-0199310		
Date Assigned:	12/09/2014	Date of Injury:	01/30/2012
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/30/2014

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, has a subspecialty in 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 32 year old male who reported right knee pain from injury sustained on 01/30/12 after he slipped on a rock and twisted his knee. Patient is diagnosed with sprain/strain of knee/leg. Patient has been treated with medication, right knee arthroscopic partial medial meniscectomy in 2012 and right knee arthroscopic medial and lateral meniscal repair; physical therapy and acupuncture. Per medical notes dated 09/22/14, patient states he is experiencing a throbbing pain in his right knee with cracking and clicking. He also complains of occasional swelling and tightness about his right knee. Examination revealed medial joint line tenderness to palpation with associated myospasm is noted as well as effusion. Patient exhibits restricted range of motion and weakness in the muscle strength. Per medical notes dated 10/16/14, patient complains of throbbing pain in his right knee with associated with clicking and popping. The patient also reports intermittent tightness and swelling of his right knee. Provider requested additional 8 acupuncture treatments for the right knee which were non-certified by the utilization review on 11/30/14. 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 Acupuncture for the right knee visits per week for 4 weeks: 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. Provider requested additional 8 acupuncture treatments for right knee which were non-certified by the utilization review on 11/30/14. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.