

Case Number:	CM14-0204172		
Date Assigned:	12/16/2014	Date of Injury:	08/17/2012
Decision Date:	02/06/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 72 year old female with an injury date of 08/17/12. Based on the 10/06/14 progress report provided by treating physician, the patient complains of bilateral knee pain, spasms, and lack of strength. Patient is status post left knee arthroscopic repair of left medial meniscus posterior horn tear 08/26/13. Patient ambulates with antalgic gait. Physical examination the left knee on 09/17/2014 revealed tenderness to palpation to the medial compartment with some swelling globally and 3 well healed arthroscopic scars. Range of motion was decreased, especially on flexion. Additionally there is decreased strength in left knee flexion and extension. Patient has undergone 8 documented sessions of acupuncture and 2 sessions of physical therapy for wrist complaint with documented functional improvement. Diagnosis 10/06/14- Status post Left knee arthroscopy, meniscus.- Myofascial pain disorder- Knee sprain/strain The utilization review determination being challenged is dated 11/07/14. The rationale is: "... an additional 12 acupuncture visits were certified on 09/12/14. By 10/06/14, the claimant had completed 8 treatments with decreased pain and improved flexibility. It is not evident per the submitted documents that the claimant has completed 20 acupuncture treatments approved to date..." Treatment reports were provided from 06/04/14 to 10/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 OF 127.

Decision rationale: The patient presents with bilateral knee pain, limited range of motion, spasms, and lack of strength. Patient is status post left knee arthroscopic repair of left medial meniscus posterior horn tear 08/26/13. The request is for additional acupuncture, 8 sessions. Physical examination on revealed tenderness to palpation to medial compartment of the left knee with some swelling globally and 3 well healed arthroscopic scars. Range of motion of the left knee was decreased, especially on flexion. Additionally there is decreased strength in left knee flexion and extension and the patient exhibits an antalgic gait. Per progress report dated 10/08/14 the patient has undergone physical therapy for left knee pain but continues to experience pain at night and functional deficit requiring use of a cane. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided a reason for the current request. Review of the reports show that the patient has had acupuncture, perhaps up to 20 sessions per UR letter, with improvements particularly of the wrist. MTUS guidelines recommend the use of conservative methods, such as acupuncture for the treatment of chronic pain initially at 3-6 treatments with the option for additional treatments should they result in functional improvement. Per progress notes the patient's wrist problems improved but there is no reference to whether or not knee issues improved following prior acupuncture treatments. The request of 8 sessions for the treatment of knee pain, without prior documented evidence of functional improvement/pain reduction to the left knee, would not be indicated. The request is not medically necessary.