

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0205898 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 03/30/2013 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 Acupuncturist, has a subspecialty in Chiropractic 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 43 year old female who reported right knee pain from injury sustained on 03/30/13. She twisted her right knee when she slipped on food that was on the floor. Patient is diagnosed with status post arthroscopy, right knee sprain/strain, myalgia and myositis. Patient has been treated with medication, status post partial meniscectomy, physical therapy and multiple cortisone injections. Per medical notes dated 11/07/14, she states she has not improved and presents for evaluation and care due to an exacerbation of pain. Patient complains of right knee pain rated at 5-8/10, worse with prolonged position, weight bearing activities. Pain is located on the medial aspect of joint and associated popliteal fossa. Provider requested 6 sessions of acupuncture to decrease swelling and pain levels which was non-certified by the utilization review. 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:

Acupuncture - six visits: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS 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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Treating physician is requesting 6 acupuncture sessions to decrease her swelling and pain levels which is within guidelines. MTUS guidelines support 3-6 acupuncture treatments and state that acupuncture can be used as an adjunct to surgical intervention to hasten functional recovery, there for the request is reasonable and within guidelines. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.