

Case Number:	CM15-0048339		
Date Assigned:	03/20/2015	Date of Injury:	04/21/2010
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 62-year-old female, who sustained an industrial injury on 4/21/10. The injured worker has complaints of lower back pain, pain in left wrist and right knee. There is tenderness to palpation of the bilateral S1 joints, lumbar paravertebral muscles, and muscle spasms of the lumbar paravertebral muscles. There is tenderness to palpation of the dorsal wrist and volar wrist and of the anterior knee and posterior knee and muscle spasms of the posterior knee. The diagnoses have included right knee internal derangement with medial meniscus tear. Treatment to date has included physical therapy; acupuncture; Magnetic Resonance Imaging (MRI) of the right knee confirms a torn medial meniscus; injections of the right knee; X-ray of the right knee shows the alignment to be well maintained, the joint spaces are well preserved, there is no evidence of fracture, there is no subluxation or dislocation. The injured worker is on temporary total disability. The requested treatment is for Acupuncture of the right knee 2 times a week for 4 weeks for a total of 8 sessions as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the right knee 2 times a week for 4 weeks for a total of 8 sessions as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialist topics Section Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, who had reportedly gone through physical therapy and medications as well as previous acupuncture sessions, there was insufficient documentation describing how effective the previous acupuncture sessions were at improving the worker's overall function and measurably reducing the pain level. Without more clear evidence of benefit from acupuncture, the request for additional sessions will not be medically necessary.