

Case Number:	CM14-0127119		
Date Assigned:	09/23/2014	Date of Injury:	10/25/1998
Decision Date:	10/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine 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:

Patient is a 59-year-old female who has submitted a claim for cervicobrachial syndrome, associated with an industrial injury date of 10/25/1998. Medical records from October 2013 to August 2014 were reviewed. Patient complained of neck and bilateral knee pain. The pain followed after an injury where she tripped and fell from the stairs. The patient reported that she hit her head and left shoulder. She was provided care with personal health care physician. Patient was given with pain medications and she had 2 months of physical therapy in 1999. She underwent a surgery of the left shoulder in May 2002 and knee arthroscopy in 2003. The patient received postoperative physical therapy each time. She was provided with braces for the elbow and the knee in 2008. She was diagnosed with sprain of the right knee in 2009, left wrist de Quervain's tenosynovitis and cervical strain/sprain. She was considered to reach a permanent and stationary status with regard to the cervical spine and left wrist. Patient underwent arthroscopic surgery of the left knee in 2010. Pain still persisted. She had Supartz injection in 2012. The patient received acupuncture but did not completely resolve her complaints. Patient still complained of bilateral knee pain and swelling. Physical examination revealed atrophy of bilateral thigh muscles. There were crepitations and tenderness on both knees. Effusion was present in the bilateral knee joints. Pain was elicited with active flexion of the left knee. There was active range of movement in the knee. There was painful lateral McMurray in the left knee and +2 McMurray in the right knee. Patellar compression test and patellar crepitation test were positive in bilateral knees. Magnetic Resonance Imaging (MRI) of the bilateral knee, dated April 28, 2014, revealed degeneration/tearing of the medial meniscus, patellar tracking abnormality, and moderate effusion. Treatment to date has included pain medications, physical therapy, sports medicine program, and home exercise program. Utilization review from August 5, 2014 denied the request

for 6 Acupuncture Neck, 2xWeek X 3 Weeks. There is no indication in the records that medications, physical therapy or chiropractic have not been tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Neck, 2xWeek X 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, it was not mentioned that the primary treatment modalities, such as nonsteroidal anti-inflammatory agents, physical therapy, sports medicine program, and home exercise program, have failed. The patient also had previous sessions of acupuncture, however, it only provided temporary relief. Moreover, the patient has a chronic pain history of fifteen years. It is unlikely the patient will have a long-term benefit from the requested treatment. Therefore, the request for 6 Acupuncture Neck, 2xWeek x 3 Weeks is not medically necessary.