

Case Number:	CM14-0130560		
Date Assigned:	08/20/2014	Date of Injury:	04/29/2013
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 Chiropractic and 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 49 year old male who reported left knee and right wrist pain from injury sustained on 04/29/13. Mechanism of injury was not documented in the provided medical records. MRI of the right wrist revealed chronic impaction injury with arthritis; radicular effusion; small erosions involving the radius, ulna, capitates, trapezoid and scaphoid which suggest rheumatoid arthritis. Patient is diagnosed with osteoarthritis of distal ulnar joint; status post left knee arthroscopic surgery, internal derangement of left knee and tear of lateral horn of medial meniscus, musculoligamentous strain of lumbar spine, ganglion cyst and right wrist sprain/strain. Patient has been treated with medication, therapy, surgery. Per medical notes dated 05/07/14, patient complains of left knee pain with sensation of instability. Patient has difficulty with any type of kneeling, squatting, ascending or descending a flight of stairs. He complains of right wrist pain with morning stiffness that gets better as the day progresses. Per medical notes dated 07/30/14, patient is status post knee surgery. He states that he feels fine with surgery. He complains of right wrist pain especially over the distal radial ulnar joint. Provider is requesting initial trial of 8 acupuncture treatments post-op which were modified to 4 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8 sessions left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, 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. The patient has not had prior Acupuncture treatment. The provider is requesting initial trial of 8 acupuncture treatments for post-op care which were modified to 4 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. The MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits to the left knee are not medically necessary.