

Case Number:	CM14-0147433		
Date Assigned:	09/18/2014	Date of Injury:	09/05/2010
Decision Date:	10/31/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 & 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 51 year old female who reported low back, bilateral hip and left knee pain from injury sustained on 09/05/10 while walking on uneven ground, he twisted his knee. MRI of the left hip revealed tensor fascia lata fasciitis. MRI of the right hip was unremarkable. MRI of the right knee revealed tricompartmental osteoarthritis, status post anterior ligament repair and re-tear; oblique tear of medial meniscus and baker's cyst. Patient is diagnosed with lumbar pain, bilateral hip pain, left meniscus tear, left knee pain and left hip fasciitis. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 06/03/14, since last treatment patient had slight improvement; he complains of pain and tingling of the left knee. Per acupuncture progress notes dated 06/10/14, patient complains of low back pain and knee pain, since last treatment he had slight improvement. Per medical notes dated 07/22/14, patient complains of low back pain rated at 4/10, bilateral hip pain 3/10 and left hip pain 3/10. Provider requested additional 2X6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture without stimulation 15 min.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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 had prior acupuncture treatment. Per acupuncture progress notes dated 06/03/14, since last treatment patient had slight improvement; he complains of pain and tingling of the left knee. Per acupuncture progress notes dated 06/10/14, patient complains of low back pain and knee pain, since last treatment he had slight improvement. Provider requested additional 2X6 acupuncture treatments. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 2X6 acupuncture treatments without stimulation are not medically necessary.