

Case Number:	CM14-0185495		
Date Assigned:	11/13/2014	Date of Injury:	06/16/2008
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in 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 75 year old male who reported bilateral knee pain from injury sustained on 06/16/08 after twisting his knee while walking. Patient is diagnosed with chronic bilateral knee pain, bilateral knee osteoarthritis, cartilage tear, loose body in left knee and sleep disturbance. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 08/28/14, patient reports some improvement with knee pain; he did ling car drives which flared-up his symptoms. Per medical notes dated 09/08/14, patient reports overall his condition has not changes, he does feel more limited now. Examination revealed marked weakness in bilateral knees, much more pronounced on the left on flexion and extension. Per acupuncture progress notes dated 09/11/14, patient has a major flare-up yesterday of left knee, which gave out and patient fell. Per medical notes dated 09/11/14, patient reports left knee is much worse; patient is benefitting from acupuncture treatments which relieve his pain to a substantial degree. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

Six (6) acupuncture sessions: 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 extensive acupuncture treatment. Per acupuncture progress notes dated 08/28/14, patient reports some improvement with knee pain; he did long car drives which flared-up his symptoms. Per acupuncture progress notes dated 09/11/14, patient has a major flare-up yesterday of left knee, which gave out and patient fell. Per medical notes dated 09/11/14, patient reports left knee is much worse; patient is benefitting from acupuncture treatments which relieve his pain to a substantial degree. There is lack of evidence that prior acupuncture care was of functional benefit. Per medical notes, acupuncture allows the patient to sleep better and perform his activities of daily living (ADLs). Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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 6 acupuncture treatments are not medically necessary.