

Case Number:	CM15-0017568		
Date Assigned:	02/05/2015	Date of Injury:	11/18/2007
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 56 year old female who sustained an industrial injury on 11/18/2007. Diagnoses include status post arthroscopic both knees, exacerbation of bilateral knee patellofemoral arthralgia, right knee meniscal tear and pes anserinus bursitis, status post left knee arthroscopic surgery on 03/04/2014, and status post right knee surgery on 04/ 2014. Treatment to date has included medications, injections, physical therapy, cane, and a home based exercise program. A physician progress note dated 11/26/2014 documents the injured worker has pain in both knees. Pain is rated 6 out of 10 on the Visual Analog Scale on the right knee, and her left knee is 6 out of 10. There is grade 2 tenderness to palpation in the bilateral knees which has remained the same from the last visit. She has restricted range of motion and McMurray's test is positive. She has increased pain and stiffness. Magnetic Resonance Imaging of the bilateral knees done 08/2014 reveals bilateral torn meniscus. Treatment requested is for Acupuncture 2 x 6 for the bilateral knees. On 01/05/2015 Utilization Review modified the request for Acupuncture 2 x 6 for the bilateral knees to Acupuncture 6 visits, and cited was California Medical Treatment Utilization Schedule (MTUS)-Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 for the bilateral knees: 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 not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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. 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, 12 Acupuncture visits are not medically necessary.