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| Case Number: | CM13-0057743 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/04/2011 |
| Decision Date: | 06/17/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 Licensed in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for lumbar back pain and left knee pain caused by falling down stairs and hitting her left hip, knee, and ankle and diagnosed with contusions of all three areas. Treatment has included chiropractic and orthopedic care, at least five prior acupuncture and twelve physical therapy sessions, pain medication and anti-inflammatory medication, and hot/cold packs. Diagnostically she obtained MRI of her brain, left knee, and lower back and x-rays. On 8/15/13, the primary treating physician reports the claimant stated she has persistent pain in her left knee although she feels the acupuncture and medication are helping. On 8/22/13, the treating acupuncturist noted the patient was able to cook and clean more at home, although the pain level documented on 8/29/13 is still at a VAS pain level of 8-10/10 (which is normal for the claimant). Claimant is on modified duty since the incident occurred and no documentation provided changes these work restrictions. It doesn't appear she's increased her work hours or job duties. As of 7/18/13, her acupuncturist requested authorization for an additional twelve acupuncture sessions without documentation of how the prior acupuncture treatments provided functional improvement for the claimant. In the utilization review report, dated 10/24/13, the UR determination did not approve the additional twelve sessions of acupuncture care but modified this request to six visits stating the criteria used in making this decision relies on the CA MTUS Acupuncture guidelines which requires physician evidence of functional improvement prior to considering further treatment. Noted is the acupuncturist documented the applicant has been able to lower her medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for six weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Additional acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture, including the definition of "functional improvement". This applicant has received five previously approved acupuncture sessions. This current request is for an additional twelve acupuncture sessions and is considered based on "functional improvement" of the applicant. Unfortunately, the treating physician neglected to provide enough clinical data to demonstrate sufficiently functional improvement prior to his request on 7/18/13 defined in MTUS. There is a lack of clinical information regarding significant improvement in activities of daily living or reduction in work requirements. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. Therefore, besides the lack of clinical data of functional improvement, this request exceeds the MTUS recommendations in number of visits allowed. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture once a week for six weeks for the Left Knee is not medically necessary.