

Case Number:	CM13-0000856		
Date Assigned:	12/18/2013	Date of Injury:	01/14/2013
Decision Date:	02/07/2014	UR Denial Date:	05/21/2013
Priority:	Standard	Application Received:	06/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 patient is a 54-year-old female who reported a work-related injury on 01/14/2013 as a result of a fall. Subsequently, the patient was status post arthroscopic partial lateral meniscectomy, chondroplasty, and synovectomy of the left knee as of 07/12/2013. The clinical note dated 10/17/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has improved slower than expected. The provider documented recommendation for the patient to continue physical therapy to the left knee. The patient reports improvement with left knee pain complaints with physical therapy interventions. The provider documented range of motion of the left knee was noted to be at 10 degrees to 132 degrees. \hat{u}

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review indicates that the patient presents with multiple pain complaints status post a work-related injury sustained in 01/2013. The patient's complaints include pain in the head, shoulder, fingers, thumb, neck, low back, knee,

and ankle. The clinical notes document the patient had previously utilized acupuncture treatment for her pain complaints; however, documentation of objective functional improvements and efficacy as noted on a VAS pain scale were not evidenced in the clinical notes reviewed. Furthermore, the current request is excessive in nature as the MTUS Acupuncture Guidelines indicate the time to produce functional improvement is 3 to 6 treatments. Given all of the above, the request for acupuncture 2x6 is not medically necessary and appropriate.

Shockwave Therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

Decision rationale: The clinical documentation submitted for review reports the patient has utilized physical therapy, medication, and activity modifications for continued pain complaints. The patient is seen postoperative to arthroscopic knee surgery. The Official Disability Guidelines indicate that the use of shockwave therapy as a treatment for patellar tendinopathy and for long bone hypertrophic non-unions is under study. Consequently, the request for shockwave therapy 2x4 is not medically necessary and appropriate.