

Case Number:	CM13-0017433		
Date Assigned:	11/06/2013	Date of Injury:	07/25/2010
Decision Date:	02/04/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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 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 applicant has filed a claim for lower leg pain and joint pain reportedly associated with an industrial injury of July 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee arthroscopy, and partial medial meniscectomy in November 2012; a knee brace; subsequent partial knee replacement procedure in January 6, 2013; and extensive periods of time off of work, and topical analgesics. In a utilization review report of July 15, 2013, the claims administrator partially certified a request for two sessions of physical therapy, denied a request for six sessions of acupuncture, and denied a request for laboratory testing. In a July 8, 2013 progress note, it is noted that the applicant has filed a claim for knee pain secondary to cumulative trauma. He is having slow progression of healing. He reports 5/10 pain. He has had 18 postoperative sessions of physical therapy, essentially. He is on ketoprofen. His care has been complicated by diabetes and hypertension. He is a former smoker. The claimant exhibits crepitation about the injured knee with no limitations with active range of motion. Well preserved knee range of motion is noted, although there appears to be some mild 10 degree loss of flexion. X-rays of the right knee of January 16, 2013 are notable for indwelling prosthesis. The claimant is given refills of ketoprofen, Neurontin, and Dendracin. Laboratory testing is endorsed to test the claimant's liver and renal function status. Both acupuncture and physical therapy are endorsed. Multiple progress notes throughout 2013 are noted. The claimant remains off of work, including on a visit of June 10, 2013. A later note of June 24, 2013 is also notable for comments that the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The claimant is now outside of the post-surgical physical management treatment, following partial knee arthroplasty on January 16, 2013. The MTUS Chronic Pain Medical Treatment guidelines are therefore applicable. While the MTUS chronic pain medical treatment guidelines do endorse 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, Page 80 of the MTUS Chronic Pain Medical Treatment Guideline does note that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the claimant does not appear to have clearly demonstrated functional improvement despite having completed 18 prior sessions of physical therapy. The claimant failed to return to work and failed to diminish reliance on analgesic medications, implying a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional physical therapy beyond the 18 sessions the claimant already had is not indicated. Therefore, the request is not certified.

Acupuncture for the right knee (6 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claims administrator's reviewer stated that the request for acupuncture was denied on the grounds that acupuncture is not indicated for knee pain or knee weakness. However, MTUS 9792.24.a.1 states that acupuncture can be employed for variety of purposes, including as an adjunct to physical medicine and rehabilitation, as an adjunct to surgical intervention, and/or in the chronic pain context present here. MTUS 9792.24.1.c.1 further notes that the time needed to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, it does not appear that the applicant had had any prior acupuncture over the life of the claim and did not appear to have had any acupuncture following knee surgery on January 16, 2013. The request is certified, on independent medical review.

The request for laboratory evaluations for blood urea nitrogen (BUN) and a hepatic panel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory testing in those individuals using NSAIDs include CBC and chemistry profile, including both renal and hepatic function testing. In this case, the applicant is using an NSAID, namely oral ketoprofen. Periodic laboratory testing is indicated here. Therefore, the request is certified.