

Case Number:	CM13-0017597		
Date Assigned:	03/26/2014	Date of Injury:	05/03/2011
Decision Date:	05/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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 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 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 represented [REDACTED] employee who has filed a claim for chronic knee, leg, lower extremity, and calf pain reportedly associated with an industrial dog bite injury of May 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and reported return to work at one point in the life of the claim. In a Utilization Review Report of August 20, 2013, the claims administrator partially certified a request for eight sessions of acupuncture as six sessions of acupuncture while denying a request for Force stimulator trial. The applicant's attorney subsequently appealed. Multiple progress notes interspersed throughout 2013, including April 1, 2013 and April 9, 2013 note that the applicant is working regular duty. On April 9, 2013, the applicant was given prescriptions for Motrin and Lidoderm patches to treat persistent calf pain. On November 29, 2012, the applicant was given a 5% whole-person impairment rating through a medical legal evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 4 (RIGHT LEG): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time needed to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, thus, the eight-session course of treatment proposed by the attending provider does represent treatment in excess of MTUS parameters. It is further noted that the information on file does not clearly establish whether not the applicant had had prior acupuncture at an earlier point in the life of the claim and, if so, what the response was. Accordingly, the request is not certified owing to lack of supporting information and owing to the fact that the request does not conform to MTUS parameters.

FORCE STIMULATOR (30 DAY TRIAL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: Based on the limited information on file, the request appears to represent a form of transcutaneous electric therapy. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of a TENS unit include evidence of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, however, the limited information on file does seemingly suggest that the applicant has responded favorably to earlier usage of oral Motrin and Lidoderm, effectively obviating the need for the Force stimulator device. It is further noted that the attending provider has not furnished any applicant-specific information, rationale, narrative, or commentary along with the application for Independent Medical Review so as to make a case for usage of the device in question. Therefore, the request is not certified, on Independent Medical Review.