MAXIMUS Federal Services

Case Number:	CM13-0023977		
Date Assigned:	04/25/2014	Date of Injury:	11/28/2011
Decision Date:	05/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 42 year old male who reported an injury on 11/28/2011. The mechanism of injury was not stated. Current diagnoses include status post bilateral knee surgery with patellar tendinitis and internal derangement, and prior lumbar spine fusion with chronic spinal sprain. The injured worker was evaluated on 08/13/2013. The injured worker reported bilateral knee and lumbar spine pain. Physical examination revealed medial and lateral joint line tenderness bilaterally, normal range of motion of the bilateral knees, an inability to fully squat and intact sensation with positive McMurray's and patellar grind testing. Treatment recommendations at that time included a gym membership and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes

3 to 6 treatments. Therefore, the current request for 8 sessions of acupuncture treatment exceeds the MTUS Acupuncture Treatment Guidelines' recommendations. The request is not medically necessary and appropriate

MRI OF LEFT KNEE WITH GADOLINIUM, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the injured worker demonstrated full range of motion of the bilateral knees with intact sensation. There is no documentation of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a repeat imaging study. There is no mention of an exhaustion of conservative treatment prior to the request for additional imaging studies. As the medical necessity has not been established, the current request is not medically necessary and appropriate.

MRI OF RIGHT KNEE WITH GADOLINIUM, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the injured worker demonstrated full range of motion of the bilateral knees with intact sensation. There is no documentation of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a repeat imaging study. There is no mention of an exhaustion of conservative treatment prior to the request for additional imaging studies. As the medical necessity has not been established, the current request is not medically necessary and appropiate.

3D RENDERING AND INTERPRETATION OF LEFT KNEE MRI, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the injured worker demonstrated full range of motion of the bilateral knees with intact sensation. There is no documentation of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a repeat imaging study. There is no mention of an exhaustion of conservative treatment prior to the request for additional imaging studies. As the medical necessity has not been established, the current request is not medically necessary and appropiate.

3D RENDERING AND INTERPRETATION OF RIGHT KNEE MR, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the injured worker demonstrated full range of motion of the bilateral knees with intact sensation. There is no documentation of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a repeat imaging study. There is no mention of an exhaustion of conservative treatment prior to the request for additional imaging studies. As the medical necessity has not been established, the current request is not medically necessary and appropiate.

GYM MEMBERSHIP TRIAL (IN MONTHS), QTY: 2.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker does not appear to meet criteria for the requested service. There is no indication that this injured worker has failed to respond to a home exercise program. There is also no indication that this injured worker requires specialized equipment. As such, the request is not medically necessary and appropriate.