

Case Number:	CM13-0024400		
Date Assigned:	11/20/2013	Date of Injury:	09/13/2011
Decision Date:	01/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 Oklahoma and 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 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 57-year-old female who reported an injury on 09/13/2011, mechanism of injury not stated. The patient is noted to have been diagnosed with internal derangement of the bilateral knees, bilateral wrist sprain, and lumbar radiculopathy. The clinical note dated 04/09/2013 signed by [REDACTED] reported that the patient continued to have significant pain in the right knee as well as her right hip. She is noted to have swelling around the lower right extremity. She is reported to be performing physical therapy at that time. On physical examination, she had tenderness to palpation of the right calf, edema in the right knee, lower leg and thigh. She had tenderness over the right greater trochanter to palpation and range of motion was decreased in the hip in flexion and abduction. She had right lateral elbow pain with tenderness to palpation. Her grip strength was noted to be reduced on the right with tenderness to palpation over the 1st dorsal compartment and joint lines. The patient is noted to continue to have pain and discomfort in her right side of her body including her hip and right leg in addition to her right shoulder and right elbow. She is noted to have undergone a previous MRI to the right knee in 2011. She is reported to have been seen by [REDACTED] and to have received a Synvisc injection to the right knee. On 07/16/2013, the patient continued to have joint effusion about the right knee. The anterior joint line was tender to palpation. The patient had a positive McMurray's. She had tenderness to palpation over the bilateral wrist joint lines, a positive Tinel's and Phalen's. Her grip strength was decreased bilaterally. Sensation was slightly reduced in the bilateral median nerve distribution. She was noted to have paravertebral muscle tenderness with spasms present. Range of motion was restricted. Motor strength and sensation was grossly intact. Deep tendon reflexes were normal and symmetrical. Straight leg raising was p

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 Bilateral Lower extremities, right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 57-year-old female who reported an injury on 09/13/2011. She is reported to complain of bilateral knee pain, lower back pain and pain in the bilateral wrists. She is noted to have previously treated with physical therapy per the clinical note of 04/09/2013 which continued complaints of ongoing pain. A request was submitted for acupuncture to the bilateral lower extremities and right upper extremity. The California MTUS Guidelines recommend the use of acupuncture as an option when pain medication is being reduced or is not tolerated or as an adjunct to physical rehab or surgical intervention to hasten functional recovery. As the patient is not noted to be undergoing a reduction of her pain medications nor is she reported to not be tolerating her medications and there is no indication that she is undergoing physical rehab to her bilateral lower extremities or right upper extremity nor has she recently undergone a surgical intervention, the request for acupuncture does not meet guideline recommendations. In addition, the guidelines recommend a trial of 6 sessions and with functional improvement additional acupuncture could be considered and as such the requested 12 sessions of acupuncture does not meet guideline recommendations. Based on the above, the request for acupuncture 3x4 bilateral lower extremities, right upper extremity is non-certified.

Physical therapy 3x4 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: The patient is a 57-year-old female who reported an injury on 09/13/2011. She is reported to complain of ongoing bilateral knee pain, bilateral wrist pain and lumbar pain. She is noted to have previously treated with physical therapy in 04/2013. She is noted to complain of ongoing knee pain and bilateral wrist pain and low back pain. She is noted to have received 2 Synvisc injections as of 08/2013 with improvement. She continued to complain of pain in her right knee radiating upward toward her right hip, pain across her lower back as well as lower back stiffness and pain which prevented her from getting out of bed and is noted to have findings of paravertebral muscle tenderness at the lumbar spine with spasms present restricted range of motion of the lumbar spine with intact motor strength and sensation and deep tendon reflexes. The California MTUS Guidelines recommend up to 8 to 10 visits for treatment of myalgia and myositis and 9 to 10 visits for treatment of neuralgia, neuritis and radiculitis unspecified. However, the patient is noted to have undergone physical therapy in the past and there is no documentation of the patient's response to the treatment indicated by improved

functional status or decreased use of pain medication and as such the request for additional physical therapy to the lumbar spine is not indicated and does not meet guideline recommendations. Based on the above, the request for physical therapy 3x4 lumbar spine is non-certified.