

Case Number:	CM13-0026720		
Date Assigned:	12/18/2013	Date of Injury:	12/21/2010
Decision Date:	02/13/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 Hawaii. 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. 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:

Subjective complaints on 8/16/2013 by [REDACTED] state "neck, shoulder, and arm pain radiating down both lower extremities. Patient relies on medication for symptomatic relief." No comments of acupuncture treatment or necessity of acupuncture was made. There was, however, a comment "Patient was referred for a course of physiotherapy treatment by PT three times a week for six weeks." Her subjective complaints based on progress notes dated 11/8/2012 by [REDACTED] stated "left knee is worse than right" without further details. Additionally, objective findings of the knees included 2+ reflexes of left and right knee, full extension of bilateral knees, 125 degree flexion of bilateral knees, positive McMurray's test, and medial tenderness. Her treatment has plan at the time included workstation/chair needed, continued psychiatric referral, and medications (capsaicin, Norco, valium, Ambiem, and biofreeze). [REDACTED] writes "The patient states that both medication and the creams/ointments have been of benefit and will continue to use as prescribed ..." An Agreed Medical Exam (AME) dated 7/1/2013 states "if the treaters are of the ilk that her knee conditions merit arthroscopic surgery, an MR Arthrogram of each knee should be performed . . ." The AME continues by stating "while one might be tempted to offer her arthroscopic surgery, based on the finding, there is a certain probability, perhaps substantial, that such procedures will not result in lessening of her subjective complaints, but rather increase, and ultimately remove her from the workplace, which would be catastrophic . . ." A utilization review dated 9/10/2013 subsequently noncertified request for left and right knee Arthrogram and 12 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee with Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography, and Meniscus Knee Disorders.

Decision rationale: The patient does have ongoing symptoms in the bilateral knees. The AME clearly states that "while one might be tempted to offer her arthroscopic surgery, based on the finding, there is a certain probability, perhaps substantial, that such procedures will not result in lessening of her subjective complaints, but rather increase, and ultimately remove her from the workplace, which would be catastrophic . . ." Additionally, the AME recommend that if "her knee conditions merit arthroscopic surgery, an MR Arthrogram of each knee should be performed." Official Disability Guidelines also state that MR arthrography is recommended as a "post-operative option to help diagnose a suspected residual or recurrent tear". The medical evidence provided does not document that the patient is being evaluated for surgery or other invasive procedures that would warrant MRI of the left knee with Arthrogram. As such, the request for MRI of the left knee with Arthrogram is not medically necessary.

. MRI of the right knee with Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Postsurgical Treatment Guidelines.

Decision rationale: The patient does have ongoing symptoms in the bilateral knees. The AME clearly states that "while one might be tempted to offer her arthroscopic surgery, based on the finding, there is a certain probability, perhaps substantial, that such procedures will not result in lessening of her subjective complaints, but rather increase, and ultimately remove her from the workplace, which would be catastrophic . . ." Additionally, the AME recommend that if "her knee conditions merit arthroscopic surgery, an MR Arthrogram of each knee should be performed." Official Disability Guidelines also state that MR arthrography is recommended as a "post-operative option to help diagnose a suspected residual or recurrent tear". The medical evidence provided does not document that the patient is being evaluated for surgery or other invasive procedures that would warrant MRI of the right knee with Arthrogram. As such, the request for MRI of the right knee with Arthrogram is not medically necessary.

Acupuncture two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents from her medical provider make no mention comments or recommendation regarding physical therapy or use of optional modalities, such as acupuncture. There was a note dated 8/6/2013 that recommended in the treatment plan the use of physiotherapy, but it is unclear if that was referring to acupuncture or not. Additionally, the medical documents provided did not sufficient detail the patient's increase or decrease in pain medication. Further, no evidence provided to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. As such, the request for acupuncture for two times a week for six weeks is not medically necessary.