MAXIMUS Federal Services

Case Number:	CM13-0034120		
Date Assigned:	12/06/2013	Date of Injury:	11/23/2011
Decision Date:	03/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery, 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.

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 claimant is a 44-year-old gentleman who was injured on November 23, 2011. A September 18, 2013 assessment by [redacted] indicated continued complaints of pain about the bilateral knees, worse with activities. The patient is status post an orthopedic repair of the left knee on May 16, 2012, and continues to complain of pain about the right knee which he feels is compensating for the left side. The report states that the patient has not undergone any recent therapy. He has initially utilized three sessions of acupuncture, but had to stop due to missing work. Physical exam findings of the left knee showed well healed scarring, no signs of infection, and minimal effusion. The claimant's diagnosis was status post internal derangement with arthroscopic procedure on May 16, 2012. Recommendations at that time were for eighteen sessions of acupuncture to the left knee. Further postoperative care is not noted. There is no postoperative imaging for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for acupuncture three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The optimal duration for the use of acupuncture is one to two months, while the timeframe to demonstrate functional improvement is only three to six treatments. The

treating provider's request is for eighteen sessions of acupuncture; however, the patient has already undergone three sessions and experienced no significant benefit. The continued role of this therapeutic would not be indicated, considering functional improvement has not taken place, and the requested eighteen sessions exceeds recommendation guidelines. The request is not certified.

The request for Hydrocodone 7.5/750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Guidelines, opioid use is not recommended in the setting of joint complaints or osteoarthritic findings. The records in this case indicate isolated left knee complaints status post a surgical intervention with continued mechanical subjective findings. There is currently no documentation of any improvement with use of medications. The continued role of this short acting analgesic for the claimant's current diagnosis of left knee pain status post arthroscopy would not be indicated after more than 18 months since the operative procedure. The request is not certified.