

Case Number:	CM13-0057315		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2012
Decision Date:	04/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 low back pain, chronic bilateral knee pain, and chronic ankle pain reportedly associated with an industrial injury of February 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; prior right knee arthroscopy on July 18, 2013; and unspecified amounts of postoperative physical therapy. In a utilization review report of October 30, 2013, the claims administrator denied a postop followup visit, denied electrical acupuncture, denied manual acupuncture, denied myofascial release therapy, denied electrical stimulation, denied infrared therapy, denied diathermy, and denied cupping. A clinical progress note of October 23, 2013, is notable for comments that the applicant reports persistent knee pain following an arthroscopy procedure. The applicant states that the arthroscopy procedure has not helped her. Her physical therapy was discontinued. The applicant's chiropractor has asked her to pursue with acupuncture instead, it is stated. 5/5 lower extremity strength is noted with intact sensorium and knee joint line tenderness noted. The applicant is given tramadol for breakthrough pain. The applicant is not a candidate for further knee surgery. She is asked to follow up as needed. In an earlier note of September 25, 2013, the applicant was asked to obtain a lumbar MRI, continue postoperative therapy, return to work with a rather prospective 10-pound lifting limitation. A March 1, 2013, mental health note is notable for comments that the applicant is alleging derivative depression, is reportedly depressed, and has a current Global Assessment of Functioning (GAF) of 51. On July 16, 2013, the applicant was asked to consider injection therapy for her piriformis syndrome. The applicant underwent right knee arthroscopy, partial medial meniscectomy, lateral meniscectomy, and synovectomy on July 18, 2013, it is further noted. On November 12, 2013, the applicant

presented with multifocal low back, hip, ankle, foot, and bilateral knee pain with associated tenderness to touch and positive right-sided McMurray maneuver. Lumbar MRI imaging was apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE FOLLOW UP VISIT WITH ROM MEASUREMENT AND PATIENT EDUCATION FOR THE KNEE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As noted in the ACOEM Guidelines, more frequent followup visits are recommended in those applicants who are off work or are on modified duty. In this case, the applicant is on modified duty; however, it does not appear that the applicant's limitations have been accommodated by the employer. Thus, more frequent followup visits are indicated here. It is further noted in the ACOEM Guidelines that "range on motion can be determined" in the supine position. Thus, range of motion testing is part and parcel of the attending provider's examination of the applicant. Finally, the proposed patient education component of the request is also certified. The request is medically necessary and appropriate.

6 ELECTROACUPUNCTURE SESSIONS FOR THE RIGHT KNEE: Overturned

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 that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Thus, the six-session course of acupuncture sought by the attending provider did conform to MTUS parameters. MTUS Acupuncture Guidelines state that acupuncture with electrical stimulation is an appropriate treatment for the chronic pain reportedly present here. This appears to be a first-time request for acupuncture following knee surgery. Acupuncture is therefore indicated, for all the stated reasons. Therefore, the request is medically necessary and appropriate.

MANUAL ACUPUNCTURE 3 TIMES A WEEK FOR 2 WEEKS: 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 the MTUS Acupuncture Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Thus, the applicant should obtain the six sessions of acupuncture previously certified in response #2 before any additional acupuncture is certified, as further acupuncture beyond the initial six-session course is contingent on functional. The request is not medically necessary and appropriate.

6 SESSIONS OF MYOFASCIAL RELEASE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The MTUS Chronic Pain Guideline indicate massage therapy should be employed as an adjunct to other recommended treatments such as exercise and should be limited to four to six visits in most cases. In this case, however, it is not clearly stated how much (if any) prior massage treatment the applicant has had. It is further noted that an alternative treatment modality, namely acupuncture, has been certified above. The applicant was in the process of receiving postoperative physical therapy, it is further noted. Introduction of another treatment modality, myofascial release, is not indicated, for all the stated reasons. It is reiterated that page 60 of the MTUS Chronic Pain Guidelines notes that myofascial release therapy or massage therapy should be considered an adjunct to other recommended treatments and is not a standalone modality. It is noted that the progress report in question dated October 18, 2013, when the service in question was sought, was not provided with the IMR packet. For all the stated reasons, then, the request is not medically necessary and appropriate.

6 SESSION OF ELECTRICAL STIMULATION FOR THE RIGHT KNEE: 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: Electrical stimulation is a form of transcutaneous electric therapy. However, as noted on page 116 of the MTUS Chronic Pain Guidelines, TENS units are tepidly endorsed for the treatment of chronic intractable pain of greater than three months duration in individuals in whom "other appropriate pain modalities have been tried and failed." In this case, however, the claimant has issued with certification for another pain modality, namely acupuncture, above. It would be more appropriate to determine the results of the same before electrical stimulation is considered. Therefore, the request is not medically necessary and appropriate.

INFRARED THERAPY TO THE KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: Infrared therapy represents a form of laser therapy. However, as noted on page 57 of the MTUS Chronic Pain Guidelines, low level laser therapy is "not recommended" in the treatment of chronic pain, seemingly present here. In the case, the attending provider has not furnished any compelling rationale or narrative along with the request for authorization so as to try and outset the unfavorable MTUS Guidelines' recommendation. Again, the progress note in which some of the disputed services were sought does not appear to have been attached to the IMR packet. For all of the stated reasons, then, the request is not medically necessary and appropriate.

6 SESSION OF DIATHERMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: As noted on page 339 of the ACOEM Guidelines in Chapter 13, physical modalities such as diathermy and cutaneous laser treatments have "no scientifically proven efficacy" in treating knee symptoms. In this case, again, no compelling rationale or narrative was attached to the application for IMR so as to try and outset the unfavorable ACOEM recommendation. Therefore, the request for diathermy is not medically necessary and appropriate.

CUPPING 3 TIMES A WEEK TO RIGHT KNEE: 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 the MTUS Acupuncture Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, the applicant has not had the initial course of acupuncture approved above, in response #2. It would be more appropriate for the applicant to receive the previously approved treatment before additional acupuncture is sought. Therefore, the request is not medically necessary and appropriate.