

Case Number:	CM13-0069388		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2009
Decision Date:	05/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/20/2013

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 patient has filed a claim for low back pain and knee pain associated with an industrial injury sustained on April 22, 2009. Treatment to date has included 12 sessions of physical therapy, six sessions of acupuncture, and medications. Medical records from 2012-2013 were reviewed, showing that the patient complaining of right knee and lumbar spine symptoms. Physical exam demonstrated the patient ambulating with an antalgic gait. There was noted tenderness over the knee at the medial compartment. Quadriceps strength was at 4+/5. The lumbar spine had a loss of the lordotic curvature and substitution of the hip flexors.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONCOING FOLOW-UP WITH THE PRIMARY TREATING PHYSICIAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not address this topic, so alternate guidelines were used. The Official Disability Guidelines state that office visits are recommended; regular evaluation and monitoring of treatment outcomes is important in resolving medical problems. In

this case, it is unclear how many follow-up visits the patient may need as the clinical condition may change from time to time. The request does not indicate a specific number of visits. Therefore, the request is not medically necessary.

ONE (1) CORTICOSTEROID INJECTION TO THE KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,346. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS does not address this topic, so alternative guidelines were used. The Official Disability Guidelines state that corticosteroid injections are recommended for short-term use only for osteoarthritis and rheumatic disease. In this case, the patient complains of persistent right knee pain. However, the diagnosis did not include osteoarthritis, nor are there official radiograph readings with findings of osteoarthritis or rheumatic disease. In addition, the request did not specify laterality. Therefore, the request for corticosteroid injection to the knee is not medically necessary.

TWELVE (12) ACUPUNCTURE VISITS AT 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: As stated in the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture is an option when pain medication is reduced or not tolerated. It can also be used as an adjunct to physical therapy and/or surgery to hasten recovery. In this case, the patient was approved for six sessions of acupuncture. However, the latest progress notes did not document evidence of functional gains such as decreased medication intake or pain scores. Therefore, the request for additional acupuncture is not medically necessary.

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended with the caveat that treatment regimens should

be tapered and transitioned into a self-directed home program. In this case, the patient was approved for 12 sessions of physical therapy. However, the latest documentation did not provide evidence of functional gains from these 12 sessions of physical therapy such as improved ability to perform activities of daily living. Therefore, the request for additional physical therapy is not medically necessary.