

Case Number:	CM14-0000418		
Date Assigned:	01/10/2014	Date of Injury:	06/06/2003
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 47-year-old female with a date of injury of June 6, 2003. The mechanism of injury is reported as moving a very large palette, which dropped, striking the left knee, and rolling onto the left foot. The diagnoses noted include a severe crush injury of the left foot/ankle, and a left knee contusion. Elsewhere in the medical record, the injury was described as a slip and fall. The injured was found to have a meniscus tear of the left knee, and underwent arthroscopy and meniscal procedure in October 2003. A progress note dated July 23, 2013 notes the pain to be 8/10. The record indicates a gradual worsening of the left knee pain over several years. The injured was evaluated by an orthopedic joint replacement specialist in February 2012, and was advised as a candidate for a total knee arthroplasty of the left knee. She wishes to pursue treatment for left knee degenerative changes through future medical provisions. The record reports the knee symptoms are essentially unchanged with moderate pain of the lateral and medial knee and the clicking, sensation, with feelings of instability. The diagnosis noted is osteoarthritis of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES SIX (6) FOR THE LEFT LEG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines support the use of acupuncture in certain clinical settings of hand injury when the clinical data indicates that an appropriate course of conservative treatment has been implemented and that the acupuncture will be used in conjunction with an evidence-based functional restoration program. When noting the injured workers diagnosis, date of injury, the absence of documentation of a decrease in medication, intolerance to medication, upcoming surgical or recent surgical intervention, in the absence of documentation that an evidence-based functional restoration program is ongoing, there is insufficient clinical data provided to support this request for twelve sessions of acupuncture therapy. Therefore, this request is not medically necessary.

HOME EXERCISE KIT FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: According to the California Medical Treatment Utilization Schedule (CAMTUS), there is no specific exercise regimen recommended. The patient is found to have had a left knee meniscus tear, status post arthroscopy with meniscal procedures. Chronic knee pain and osteoarthritis of the knee is reported. A home exercise kit, for the left knee has been recommended, but there's no documentation evidencing what is included in this kit. In the absence of the appropriate documentation of the product and/or devices included at particular exercise kits, it cannot be confirmed that there is any evidence-based studies from which which guidelines support is based to determine the medical necessity exists. Therefore, this request is not medically necessary.