MAXIMUS Federal Services

Case Number:	CM14-0005213		
Date Assigned:	02/05/2014	Date of Injury:	05/16/2011
Decision Date:	07/17/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation 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:

This is a 54-year-old male with a 5/16/2001 date of injury. A specific mechanism of injury was not described. The 12/26/13 determination rendered a modified certification. There was a non-certification for a hinged knee brace, modify to 8 sessions of physical therapy and modify to 6 sessions of acupuncture. 1/24/14 medical report by [redacted] identified that the patient is s/p left carpal tunnel release on 8/7/13 and still experiencing numbness, tingling, weakness, and dropping objects from the left hand, and now the wrist is causing problems. There is also pain in the lumbar spine, left shoulder, left elbow, left wrist, and left knee rated 6-8/10. On exam there was a mildly positive Stoop test, antalgic gain, positive Neer's and cross-over impingement on the left shoulder, weak abduction resistance, and knee range of motion from 0-100 degrees. There were multiple chiropractic/rehabilitation and acupuncture therapy noted provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HINGED KNEE BRACE FOR LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: The CA MTUS states that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. There is no clear indication that patient will be stressing the knee due to continued loading work. There is also no indication of instability or any other condition that would prompt the need for bracing. The request is not medically necessary.

PHYSIOTHERAPY; THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 AND 114.

Decision rationale: The patient has had prior chiropractic/rehabilitation sessions which apparently included physiotherapy. The total number of sessions completed to date has not been documented. The specific functional improvement from these sessions were also not specified. It is unclear if the patient can continue with a home exercise program to address the remaining deficits. The request is thus not medically necessary.

ACUPUNCTURE THERAPY; 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: The patient has had acupuncture sessions previously. There is no indication of the specific number of sessions complete to date or the functional improvement achieved. The specific goals for future therapy were not clearly deliniated. The medical necessity for continued acupucture has not been substantiated.