

Case Number:	CM14-0005911		
Date Assigned:	02/05/2014	Date of Injury:	11/01/2013
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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:

The patient is a 38-year-old who has submitted a claim for Knee Pain Altering Ambulation and Hand Wrist Injury to Nerve, associated with an industrial injury date of November 1, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder, left hip, and left knee pain. On physical examination, left shoulder findings were unremarkable. Left knee examination revealed positive Apley's Compression and Varus tests. McMurray, anterior drawer, posterior drawer, valgus, and patella grinding tests were negative. Treatment to date has included an unknown number of chiropractic and acupuncture sessions. Utilization review from January 2, 2014 denied the request for chiropractic care one time a week for six weeks because there was no documentation to indicate whether the patient completed previously authorized chiropractic sessions and if so, what the outcome was; acupuncture one time a week for six weeks because there was no evidence of functional improvement with prior acupuncture treatment; left knee MRI because there was no evidence of locking, catching, or ligament injury to the knee and there was no indication of failure of conservative care; and pain management consultation because there was no indication that there were unusual issues related to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE, 1 TIME WEEKLY FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Page(s): 58.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. However, manipulation of the knee is not recommended. In this case, the patient previously underwent an unknown number of chiropractic sessions with no documented evidence of functional improvement. Furthermore, the present request failed to specify the body part to be subjected to chiropractic treatment; thus, the request is incomplete. The request for chiropractic care once weekly for six weeks is not medically necessary or appropriate.

ACUPUNCTURE 1 TIME WEEKLY FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement of three to six treatments, frequency of one to three times per week, and duration of one to two months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient previously underwent an unknown number of acupuncture sessions but there was no documented evidence of functional improvement. The request for acupuncture once weekly for six weeks is not medically necessary or appropriate.

LEFT KNEE MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 13, KNEE COMPLAINTS, ALGORITHMS 13-1 AND 13-3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1.

Decision rationale: According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, MRI is recommended for an unstable knee with documented episodes of locking,

popping, giving way, recurrent effusion, clear signs of a bucket handle tear, and to determine extent of ACL tear preoperatively. In this case, there was no documentation of knee instability or recurrent effusion. There was also no documented signs of a bucket handle tear or a diagnosis of ACL tear. The request for a left knee MRI is not medically necessary or appropriate.

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. The request for a pain management consult is not medically necessary or appropriate.