MAXIMUS Federal Services

Case Number:	CM14-0109628		
Date Assigned:	08/01/2014	Date of Injury:	10/08/2012
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 Texas. 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:

Medical records reflect the claimant is a 44 year old female who sustained a work injury 10-8-12. On this date, the claimant was packing merchandise into a box, when she note a popping sensation in the right knee. She was treated conservatively and reported that her left knee began to bother her. The claimant underwent left knee arthroscopy on 7-25-13 and eventually left patellofemoral replacement on 11-13-13. Office visit from 5-20-14 notes the claimant has had recently 5 injections to the right knee that were of no benefit. She reports that her left knee condition is a lot better, but she still has pain. A QME noted that the claimant was not permanent and stationary regarding her left knee, but she had reached MMI regarding her right knee. It was also noted that x-rays of the right knee dated 6-2-14 showed no significant change to the films on 11-3-12 and there was mild osteoarthritis o the patellofemoral joint and lateral compartment. X-rays of the left knee showed post-surgical changes of the left distal femur and patellofemoral joint with osteophyte formation, the prosthesis and anterior distal femur are articulating with the patella. The findings are consistent with the surgery she had.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: ODG reflect that Routine use of MRI for follow-up of asymptomatic patients following kneearthroplasty is not recommended. Medical records reflect that x-rays of the right knee dated 6-2-14 showed no significant change to the films on 11-3-12 and there was mild osteoarthritis o thepatellofemoral joint and lateral compartment. X-rays of the left knee showed post-surgicalchanges of the left distal femur and patellofemoral joint with osteophyte formation, theprosthesis and anterior distal femur are articulating with the patella. The findings are consistentwith the surgery she had. There is an absence in documentation to support that this claimant hasany further pathology in her knees to warrant the requested MRI. Therefore, the request is notmedically necessary.

Acupuncture Bilateral Knees 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan withclearly defined functional goals, with frequent assessment and modification of the treatment planbased upon the patient's progress in meeting those goals, and monitoring from the treatingphysician is paramount. In addition, Acupuncture Medical Treatment Guidelines state thatacupuncture may be used as an option when pain medication is reduced or not tolerated, it maybe used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functionalFinal Determination Letter for IMR Case Number [redacted] recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6treatments. There is an absence in documentation noting the claimants progress with physicaltherapy, reduction in medications or if she is undergoing any type of rehabilitation at this time.Therefore, the request for acupuncture 2 x 4 is not medically necessary.