MAXIMUS Federal Services

Case Number:	CM14-0112921		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2014
Decision Date:	11/04/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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 records presented for review indicate that this 46 year-old female was reportedly injured on 3/4/2014. The mechanism of injury is noted as a fall, while performing the usual and customary duties of her occupation as an elementary special education assistant, which resulted in a twisted left knee and ankle, left wrist and thumb injury and immediate pain in the left hip, knee and ankle. The most recent progress note, dated 6/16/2014, indicates that there were ongoing complaints of left hand/wrist, left hip, left leg, and low back pain. The physical examination demonstrated left wrist, positive tenderness to pressure over the left wrist joint. Full range of motion. Left hip: tenderness to pressure over the left greater trochanter. Slight decrease in abduction. Left knee: no tenderness to palpation, full range of motion, positive McMurray's. Left ankle: no tenderness to palpation, sensory examination unremarkable. Full range of motion, lateral instability noted on physical examination. The Diagnostic imaging studies include an MRI the left ankle dated 3/18/2014, which revealed osteochondral injury consisting of a minimally displaced 2-4 mm chondral flat and bone marrow edema. Sprains of the deltoid, ATF, and CFL ligament. Previous treatment includes physical therapy, medications, acupuncture and conservative treatment. She reported that the prior acupuncture sessions were cancelled by the previously treating physician, even though she felt that it was helping. The injured worker reports Ibuprofen upsets her stomach and she was provided Prevacid, but her private physician has advised her against taking Prevacid. The injured worker reports that she has been to a chiropractor, on a private basis, and her back was adjusted once - no indication of any benefit provided. The work status, as of this visit, was indicated as to return to modified work with restriction of seated duty only, no squatting or kneeling. A request had been made for acupuncture 3 times a week times 4 weeks for the left ankle, left knee, and low back total of 12

sessions, an MRI of the left knee, left wrist, left hip, and low back, and a knee brace for the left knee, and was not certified in the pre-authorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 (3 times a week for 4 weeks) for the left ankle, left knee & low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture

Decision rationale: On 6/16/14 although there was lateral instability of the left ankle the remainder of the examination of the left ankle was non-tender. In addition, bilateral knee examinations were unremarkable and there was no documented lumbar examination. There were no functional goals associated with the acupuncture requests. Since the guidelines require treatable abnormalities based on abnormal examination findings with clear goals, and these abnormal findings and goals were not present, the request for acupuncture to the multiple regions is not medically necessary, per MTUS and ODG.

MRI of the left knee, low back & left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 296-297, 303-305; 341-347.

Decision rationale: Although there is left greater trochanteric tenderness, the remainder of the hip examination is normal. As stated above, a low back exam is not included in the most recent note. In addition the only positive finding regarding the left knee exam is the McMurray's test. The guidelines require that a region studied with an MRI be abnormal on examination, or radiate pain elsewhere, and that there is a therapeutic goal for the MRI. Due to the relative paucity of negative findings on the 06/16/14 progress note, as discussed in the previous paragraph, and due to the fact that the provider does not articulate the reason for the requested MRIs and how the information obtained from these studies may alter the treatment plan, the denial for the multiple MRIs is upheld as not medically necessary, per MTUS ACOEM guidelines.

Knee brace for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-335, 340, 346.

Decision rationale: Although, on 6/16/14 the left knee McMurray's test (for meniscal tear) was positive, the remainder of the knee examinations were unremarkable bilaterally. The history does note that the injured worker does complain of knee instability and poor balance with the knee giving out. Nevertheless, the provider does not document or describe any other gait abnormalities, related to the left knee, on the most recent examination. As stated above, the guidelines do require a fresh assessment and understanding of knee instability and a discussion of the need for this intervention. Such an assessment was not performed on 6/16/14. In light of this, the request is upheld as not medically necessary, per MTUS ACOEM guidelines.

MRI of the left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Regarding the left wrist: Since the injured worker does have a history of pain with motion, tenderness, tingling, cramping and weakness a left wrist MRI may yield results which could lead to improvement in the injured worker's condition, especially since former treatment has not been successful. In light of this, the denial of the MRI of the left wrist is reversed and determined to be medically necessary, per MTUS ACOEM guidelines.