

Case Number:	CM14-0159661		
Date Assigned:	10/03/2014	Date of Injury:	09/25/2012
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 47-year-old female with a 9/25/12 date of injury, and arthroscopic left knee surgery on 12/2/13. At the time (8/12/14) of request for authorization for Acupuncture treatment for both knees (6 sessions) and Ativan 1 mg (30) there is documentation of subjective (constant pain and discomfort in the bilateral knees) and objective (antalgic gait, decreased range of motion of the knees bilaterally, tenderness to palpitation over the medial and lateral joint line bilaterally, and crepitation in bilateral knees) findings, current diagnoses (medial collateral ligament bursitis of the right knee, mild patellar chondral fissuring, medial tibial plateau bursitis of the left knee, osteoarthritis of both knees, status post left knee arthroscopic surgery, and insomnia), and treatment to date (knee brace, Cortisone injections, chiropractic therapy, acupuncture treatment, and medications (including ongoing treatment with Norco)). The number of previous acupuncture treatment cannot be determined. Medical reports identify that the acupuncture provided to date is helping the patient. Regarding the acupuncture treatment, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction the use of acupuncture treatment provided to date. Regarding Ativan, there is no documentation of symptoms that would be addressed by Ativan's range of action, including anxiolytic, anticonvulsant, and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture treatment sessions for both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee and Leg (Acute and Chronic) (updated 6/5/2014)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of medial collateral ligament bursitis of the right knee, mild patellar chondral fissuring, medial tibial plateau bursitis of the left knee, osteoarthritis of both knees; status post left knee arthroscopic surgery, and insomnia. However, there is no documentation of the number of previous acupuncture treatment to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, despite documentation of medical reports identifying that the acupuncture provided to date is helping, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction the use of acupuncture treatment provided to date. Therefore, based on guidelines and a review of the evidence, the request for six (6) Acupuncture treatment sessions for both knees is not medically necessary and appropriate.

Ativan 1 mg, #30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Ativan range of action includes anxiolytic, anticonvulsant, and muscle relaxant. Within the medical information available for review, there is documentation of diagnoses of medial collateral ligament bursitis of the right knee, mild patellar chondral fissuring, medial tibial plateau bursitis of the left knee, osteoarthritis of both knees; status post left knee arthroscopic surgery, and insomnia. In addition given a request for Ativan 1 mg, #30, there is documentation

of the intention to limit use of Ativan to 4weeks. However, there is no documentation of symptoms that would be addressed by Ativan's range of action, including anxiolytic, anticonvulsant, and muscle relaxant. Therefore, based on guidelines and a review of the evidence, the request for Ativan 1 mg, # 30 is not medically necessary and appropriate.