MAXIMUS Federal Services

Case Number:	CM14-0163426		
Date Assigned:	10/08/2014	Date of Injury:	10/31/2013
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine 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 47 year old female with date of injury 10/31/13. The treating physician hand written report dated 8/19/14 is fairly difficult to decipher and indicates that the patient presents with pain affecting the knees bilaterally. The physical examination findings reveal tenderness affecting the knees, ligament laxity of the right knee, crepitus of the left knee and positive McMurrays test of the left knee. Prior treatment history includes 24 post-operative PT sessions following right knee surgery on 3/6/14 and acupuncture treatments of unknown quantity. The current diagnoses are:1.Bilateral knee internal derangement2.Right knee s/p arthroscopyThe utilization review report dated 9/4/14 denied the request for 6 additional physiotherapy sessions and 6 acupuncture sessions based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture sessions (1x 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient presents with chronic bilateral knee pain and is 5 months status post right knee arthroscopy. The current request is for 6 additional acupuncture sessions (1x 6 weeks). In reviewing the records provided there is a check box notation from the acupuncturist that states the patient would benefit from further acupuncture treatment and there is 30% improvement in ADLs and functional capacity that indicates improved ability to dress, strength, ROM and sleeplessness but there is no discussion regarding any specific functional improvements or the measurement tools used to measure any functional improvements. The Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of knee complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." The treating physician in this case has requested treatment to continue beyond the initial 8 sessions that were performed. AMTG states that treatments may be extended if functional improvement is documented. In this case the treating physician does not note any improvements with acupuncture treatment and the acupuncturist provides very little insight that can be interpreted as functional improvement with acupuncture treatments. This request is not medically necessary.

6 additional physiotherapy sessions (1x6 weeks): Upheld

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

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

Decision rationale: The patient presents with chronic bilateral knee pain and is 5 months status post right knee arthroscopy. The current request is for 6 additional physiotherapy sessions (1x6 weeks). There is documentation provided that indicates that the patient completed her post-surgical physical therapy 24 visits. There are 8 PT notes found in the records provided and the documentation indicates that myofascial release, kinetic activities, electric stimulation and ultrasound were provided. There are no indications of progress in the PT notes reviewed. The treating physician states on 7/15/14 that the patient did not improve with prior physical therapy sessions following surgery and that 36 sessions of post-operative physical therapy and acupuncture sessions were completed. The MTUS guidelines recommend a total of 8-10 sessions of physical therapy for myalgia and neuritis type conditions. In this case the patient completed her post-operative physical therapy per the MTUS post-surgical guidelines without improvement. The current request for additional and continuing physical therapy is not supported by MTUS and the treating physician has not documented any new injury or diagnosis to support additional physical therapy. This request is not medically necessary.