

Case Number:	CM14-0166579		
Date Assigned:	10/13/2014	Date of Injury:	11/18/2013
Decision Date:	12/11/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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:

This 37-year old female patient had a date of injury on 11/18/2013. The mechanism of injury was she stood up when picking lemons and felt an immediate sharp shooting pain in her knee. In a progress noted dated 8/21/2014, the patient complained of activity-dependent, moderate achy right hip pain and numbness. There was constant moderate achy, throbbing, burning left knee pain and weakness. Relief came from medication and creams. On a physical exam dated 8/21/2014, the ranges of motion were painful on right hip as well as left knee. There was tenderness to palpation of the SI joint and medial border of patella, popliteal fossa and posterior knee. This patient was noted to have had previous acupuncture as well as physical therapy visits in a 6/2/2014 progress report. The diagnostic impression showed right SI joint sprain and left knee internal derangement. Treatment to date: medication therapy, behavioral modification, acupuncture, physical therapy. A UR decision dated 9/25/2014 denied the request for acupuncture left knee 1x6, and physical therapy left knee 2x6, stating claimant had unknown prior sessions of acupuncture and should be progressed to an independent home exercise program focusing on stretching and strengthening and use of hold/cold packs for pain/spasms. Furthermore, there were no findings of progressive deficits that would support need for further physical therapy and acupuncture. Left knee brace was denied, stating there were no red flags or significant positive objective orthopedic/neurologic findings, specifically complaints/signs of instability to support the request, vs. off the shelf brace. Cold/heat therapy unit 2x rental was denied, stating that there was no indication of complication to recovery, co-morbidity, or extenuating circumstances that would support the request vs. off the shelf hot/cold pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left knee 1 x 6: Upheld

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

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) Pain, Suffering, and the Restoration of Function Chapter 6 pg 114

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, in the documentation provided, it was unclear how many previous sessions this patient has had. In a 6/2/2014 progress note, there was evidence of previous acupuncture visits; however, the functional benefits from these previous sessions were not discussed. Therefore, the request for acupuncture left knee one times six was not medically necessary.

PT left knee 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pg 114. Official Disability Guidelines (ODG) knee and leg chapter.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. Official Disability Guidelines (ODG) recommends 12 visits over 8 weeks for sprains and strains of knee and leg. However, in the documentation provided, it was unclear how many previous visits of physical therapy this patient has had. In a 6/2/2014 progress report, the patient was noted to have had previous physical therapy visits; however, the functional benefits from these previous sessions were not mentioned, and there was no discussion regarding plans for the patient transitioning into a home exercise program. Therefore, the request for physical therapy left knee two times six was not medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) recommend knee braces for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage, repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. However, in the 8/21/2014 progress report, there was no discussion regarding instability or further defects of the left knee which would require a left knee brace. The subjective complaints only included pain and weakness, along with aching and throbbing, which is relieved with medications and creams. Therefore, the request for left knee brace was not medically necessary.

Cold/heat therapy unit 2x rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In the documentation provided, and in the 8/21/2014 progress report, there was no discussion of complication of recovery from surgery that would warrant this request. Furthermore, there was no clear rationale provided regarding why this patient could not tolerate use of over the counter hot and cold packs. Therefore, the request for hot and cold therapy unit was not medically necessary.