

Case Number:	CM14-0174574		
Date Assigned:	10/27/2014	Date of Injury:	02/22/2013
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/22/13 when, while working as a teacher she was knocked down by students with injury to the knee and ankle. She continues to be treated for hip, knee, and ankle pain. Treatments included medications and physical therapy. She was seen on 05/15/13. She was having hip, knee, and ankle pain rated at 4/10. Medications included ibuprofen. Physical examination findings included left knee quadriceps and left first toe tenderness. Medications were continued and she was released to unrestricted work. Additional physical therapy was requested. On 06/13/13 she was having occasional left neck pain radiating into the forearm. An x-ray showed multilevel degenerative disc disease. Physical examination findings included decreased cervical spine range of motion and mild upper trapezius and scapular tenderness with decreased upper extremity strength and sensation. Traction was recommended. She was seen by the requesting provider on 09/24/14. There had been no significant improvement. Acupuncture is referenced as helping her symptoms. Medications were ketoprofen and omeprazole. Physical examination findings included cervical paraspinal muscle tenderness with muscle spasms and decreased range of motion. There was left shoulder tenderness with decreased range of motion and positive impingement testing. She had left greater trochanteric tenderness, left knee joint tenderness with positive McMurray's testing, and left lateral ankle tenderness. Authorization for a TENS unit was requested. Medications were continued. Authorization for additional acupuncture treatments with massage were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 with Massage to the Left Foot/Left Ankle/Left Knee/Left Hip/Neck/Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for hip, knee, and ankle pain. Treatments have included acupuncture with the requesting provider documenting no significant improvement while receiving treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had acupuncture treatments without evidence of functional improvement and therefore the requested additional acupuncture treatments with massage are not medically necessary.

DME TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post Operative pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for hip, knee, and ankle pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include that there is documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Since there is no documented trial of TENS, the medical necessity of providing a TENS unit is not established. Therefore, the request is not medically necessary.