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| Case Number: | CM14-0175643 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 10/07/2011 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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:

Patient is a 47 year-old female with date of injury 10/07/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2014, lists subjective complaints as pain in the left knee. Patient is status post left knee arthroscopy on 06/06/2014. Objective findings: Examination of the left knee revealed well healed anterior incisions. Patient had no gross swelling. Full range of motion was present on the left knee. Tenderness to palpation of the medial joint line. No gross ligamentous instability. Diagnosis: 1. Left knee arthroscopy with chondroplasty of the left knee and partial meniscectomy. Patient has completed 12 session of physical therapy for the left knee to date. No record of previous chiropractic or acupuncture care was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement from the previous 12 visits. Physical Therapy x 12 is not medically necessary.

Acupuncture x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 6 treatments is the number recommended for a trial to determine efficacy. I am reversing the previous utilization review decision. Acupuncture x 6 is medically necessary.

Chiropractic care x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 6 treatments is the number recommended for a trial to determine efficacy. I am reversing the previous utilization review decision. Acupuncture x 6 is medically necessary.