MAXIMUS Federal Services

Case Number:	CM14-0027835		
Date Assigned:	06/13/2014	Date of Injury:	12/24/2012
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 48 year old with an injury date on 12/24/12. Based on the 2/7/14 progress report provided by [redacted] the diagnoses are: 1. MPS2. left knee sprain3. right hip strain4. left knee tendonitisExam on 2/7/14 showed "local tenderness in right hip, positive Apley's test of knee. Motor strength 5/5 in lower extremities. The deep tendon reflexes are 2/2 of knee/ankle joints. Light touch sensation present in both lower extremities." [redacted] is requesting acupuncture with infrared application, myofascial release 2x8 for left knee, myofascial release 2x8 for right hip, work hardening x12 sessions. The utilization review determination being challenged is dated 2/20/14. [redacted] is the requesting provider, and he provided treatment reports from 12/31/13 to 3/18/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITH INFRARED APPLICATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with right hip pain and left knee pain. The treating physician has asked for acupuncture with infrared application but the RFA was not included in provided reports. The 2/7/14 report states a trial of electro-acupuncture is helping decrease pain and improve functionality. Reports do not indicate how many sessions patient had in the trial. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. MTUS states optimum trial period is 1-2 months, and that treatments can be extended if functional improvement is shown. In this case, the treating physician has asked for acupuncture with infrared application, but does not include a timeframe or number of sessions. Open-ended requests cannot be recommended and time-limited treatments are recommended per MTUS. Recommendation is for denial. The request is not medically necessary and appropriate.

MYOFASCIAL RELEASE 2X8 FOR LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right hip pain and left knee pain. The treating physician has asked for myofascial release 2x8 for left knee but the RFA was not included in provided reports. The patient has responded positively to electro-acupuncture treatment, improving patient's daily functioning on 2/7/14. Electro-acupuncture treatment on 2/7/14 involved use of myofascial release. Regarding massage therapy, MTUS recommends short treatment period of 4-6 visits adjunct to other treatments (e.g. exercise). In this case, the treating physician has asked 16 sessions of myofascial release for left knee which exceeds MTUS guidelines. Recommendation is for denial. The request is not medically necessary and appropriate.

MYOFASCIAL RELEASE 2X8 FOR RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right hip pain and left knee pain. The treating physician has asked for myofascial release 2x8 for right hip but the RFA was not included in provided reports. The patient has responded positively to electro-acupuncture treatment, improving patient's daily functioning on 2/7/14. Electro-acupuncture treatment on 2/7/14 involved use of myofascial release. Regarding massage therapy, MTUS recommends short treatment period of 4-6 visits adjunct to other treatments (e.g. exercise). In this case, the treating physician has asked for 16 sessions of myofascial release for right hip which exceeds MTUS guidelines. Recommendation is for denial. The request is not medically necessary and appropriate.

WORK HARDENING X 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125-126.

Decision rationale: TThis patient presents with right hip pain and left knee pain. The treating physician has asked for work hardening x12 sessions to "improve strength, endurance, flexibility, so ultimately she can return to the workforce" per 2/7/14 report. Regarding Work Hardening, MTUS recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week, a defined return to work goal agreed to by the employer & employee, is no more than 2 years past date of injury, if Work Hardening Programs is to be completed in 4 weeks consecutively or less, and patient has not completed prior work hardening program. Regarding Work Hardening, ODG guidelines allow 10 visits over 8 weeks. In this case, the treating physician has asked for 12 sessions of work hardening which exceeds ODG guidelines. Recommendation is for denial. The request is not medically necessary and appropriate.