

<b>Case Number:</b>	CM14-0027918		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 62-year-old who male was reportedly injured on January 17, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of left knee pain. This note was difficult to read and does not appear to contain a physical examination. A previous note, dated January 6, 2014, also does not contain a physical examination. There was a diagnosis of a left knee strain. A request had been made for acupuncture and an internal medicine consult and was not certified in the pre-authorization process on February 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8, lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no information in the attached medical record that the injured employee has reduced or has not tolerated any pain medications nor is there any

information regarding any other physical rehabilitation. For these reasons, this request for acupuncture is not medically necessary.

**Internal medicine consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The medical record does not provide a complete history and physical examination of the injured employee. Other than being diagnosed with left knee pain, it is unclear why internal medicine consultation is requested. More information must be supplied regarding the injured employee's complaints, medical history, pertinent physical examination, diagnosis, and treatment plan. This request for internal medicine consult is not medically necessary.

**Urine drug test:** 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 Drug testing Page(s): 43.

**Decision rationale:** The California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.