

Case Number:	CM14-0032322		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2013
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Florida, New York. 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 34 year old male whose date of injury is 06/24/13. The mechanism of injury is described as both legs run over by a sports utility vehicle resulting in injury to the lower portion of the left knee. After completing therapy, the injured worker presented on 11/18/13. The exam revealed medial joint line tenderness. Diagnosis was left knee hamstring tendonitis and small meniscal tear. Given the chronic and refractory nature of the pain, acupuncture was recommended. On 02/24/14 his exam was similar and it was noted that the claimant was to have knee surgery on 03/07/14. There are no notes available since 02/24/14. It is unknown what the present clinical status is and if the claimant went on to have left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltraren gel: 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 Topical Analgesics Page(s): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support topical non-steroidal anti-inflammatory medications (NSAIDs) for short term use; and are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. The claimant has chronic knee symptoms and inflammation. There is no support that the claimant cannot tolerate an oral preparation. The records fail to adequately document the response to this topical analgesic. Per California Medical Treatment Utilization Schedule Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain. The exact response or efficacy of the requested drug is not quantified and medical necessity has not been established. Therefore, the request for Voltaren Gel is not medically necessary.

Acupuncture 2 visits per week for 6 weeks (12 visits), multiple lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support a trial of acupuncture, 3 - 6 sessions. Based on the clinical information provided, the request for acupuncture is not recommended as medically necessary. The patient has been authorized for at least six acupuncture visits to date. California Medical Treatment Utilization Schedule Acupuncture Guidelines note that optimum duration of treatment is one to two months, and there is no clear rationale provided to support exceeding this recommendation. The patient's objective, functional response to the most recently authorized course of acupuncture is not documented to establish efficacy of treatment and support additional sessions. There are no specific, time-limited treatment goals provided.