MAXIMUS Federal Services

Case Number:	CM14-0032778		
Date Assigned:	05/16/2014	Date of Injury:	05/27/2012
Decision Date:	08/01/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/15/2014

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:

This is a 56-year-old female with a date of injury of 5/27/12. The mechanism of injury occurred when she slipped and fell. She sustained injuries to her low back and right knee. On 4/8/14, the patient was noted to use a scooter. Her right knee ROM was 0-90 degrees with crepitus, peripatellar swelling, and tenderness at the medial meniscus. On 8/6/13, she complained of low back pain and right knee pain rated at 8-9/10. Objective findings: x-rays of the lumbar spine on 4/1/10 showed no evidence of acute disease, an MRI of the right knee on 8/5/11 showed a tear of the medial meniscus. The diagnostic impression is lumbar disc disease, left and right lumbar radicular symptoms, and right knee pain, and bilateral leg pain. Treatment to date: TENS units, medication management chiropractic visits. A UR decision dated 3/3/14, denied the request for an MRI of the right knee and 6 additional visits of acupuncture. The MRI of the right knee was denied due to lack of an indication of a potential internal derangement that would support the need for an MRI. The request for additional acupuncture visits was denied because there was no indication that the patient has failed her home exercise program to support any treatment for the lower back. In addition, the request for additional acupuncture visits would need to address the functional improvement of the patient due to previous acupuncture visits. There was none submitted and, therefore, the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,(magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines : Low Back Chapter: Repeat Imaging.

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. ODG indications for repeat imaging include: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. However, a MRI of the right knee on 8/5/11 showed tearing of the medical meniscus. On 8/6/13, x-rays of the bilateral knees showed medial subluxation and significant narrowing of the joint spaces, right greater than left. However, there was no clear description of any significant changes in the patient's condition since the prior MRI in 2011 to substantiate a new MRI. The official MRI report from 2011 was not provided for review. Therefore, the request for an MRI of the right knee is not medically necessary.

(6) Additional visits of acupuncture for the flaring low back pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Clinical Topics, Pain, Suffering, and the Restoration of Function Chapter Page(s): 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In addition, in order to follow the guidelines for additional acupuncture sessions, documentation of functional improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exams, need be documented as part of the evaluation and management visit. The patient was noted to have

increased, continued pain on examination, and no clear discussion of functional improvement from the previous acupuncture sessions was provided. Therefore, the request for 6 additional visits of acupuncture for the flaring low back pain was not medically necessary.