

Case Number:	CM14-0038776		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2013
Decision Date:	09/30/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 48-year-old female with a 11/7/13 date of injury. The mechanism of injury occurred when she was trying to sit down and the chair slipped out from underneath her. She tried to break her fall and landed on the ground on her left side. According to a progress report dated 2/21/14, the patient complained of constant pain to her left hip. She stated that physical therapy was aggravating her symptoms and she did not want to continue with physical therapy. The provider is recommending 8 sessions of acupuncture. She rated her pain as an 8/10. Objective findings: hip tender, limited ROM, antalgic gait. Diagnosis impression: left hip sprain/strain, left hip contusion, left SI joint sprain/strain, contusion of buttock. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/3/14 denied the requests for quad cane and acupuncture. Regarding quad cane, there was no documentation of lower extremity weakness. Regarding acupuncture, there was no indication that the patient was actively seeking physical rehabilitation or surgical intervention for the alleged injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quad cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: The Knee-Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. It is documented that the patient walks with an antalgic Trendelenburg gait. Guidelines support the use of a cane in patients with an antalgic gait. Therefore, the request for Quad cane is medically necessary or appropriate.

Acupuncture for the left hip, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics, 9792.24.1 Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 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. It is noted that the provider is recommending acupuncture treatment because the patient has not had improvement from physical therapy. However, this is a request for 8 sessions. Guidelines only support an initial trial of 3-6 sessions. Therefore, the request for Acupuncture for the left hip, twice weekly for four weeks, is not medically necessary or appropriate.