

Case Number:	CM14-0043773		
Date Assigned:	07/02/2014	Date of Injury:	01/13/2010
Decision Date:	08/20/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 American Board of Family Practice 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:

23-year old male claimant sustained a work related injury on 1/13/10 involving the low back, and knee. He was diagnosed with lumbar degenerative disk disease and chronic knee pain. An MRI of the left knee was performed on 7/29/10, which was unremarkable. A progress note on 8/8/13 indicated the claimant had 7/10 pain in the left knee. His exam was notable for pain with flexion and extension. The thoracic and lumbar spine had tenderness over the spinous processes. The lumbar spine had reduced range of motion. The treating physician prescribed 1 month of spinal manipulation, 6 weeks of acupuncture (1x/week), Infrared 1/week for 6 months and Cupping for 6 weeks. A progress note on 2/13/14 indicated the claimant had low back and left knee pain. The left knee showed a positive Apley's compression and McMurray's test as well as medial joint line tenderness. The treating physician ordered additional 6 weeks of acupuncture for the back, 6 weeks of infrared therapy and 6 weeks of myofascial release. In addition another MRI of the left knee was requested since the last one was 2-years old.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the MTUS guidelines, an MRI of the knee is not recommended for lateral ligament tears. An MRI is recommended for determining extent of ACL (Anterior cruciate ligament) tears pre-operatively. In this case, the claimant had some meniscal findings. A prior MRI was unremarkable. There was no history of recurrent trauma. For suspected meniscal injury, patients are recommended to use conservative methods. Since there is no indication for pre-operative evaluation, the request for an MRI is not medically necessary.

6 sessions of acupuncture with infrared lamp, electric stimulation, and myofascial release for treatment of left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 343, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, manual therapy Page(s): 98, 58.

Decision rationale: According to the MTUS guidelines, the request services above fall under physical medicine guidelines for length of treatment. The claimant had already undergone 6 weeks of prior therapy for acupuncture, electrical stimulation, etc. The guidelines allow for a fading regimen of treatments over 8 weeks. In addition, manual therapy such as myofascial release is not recommended for the knee and it is recommended for a trial of 6 visits over 2 weeks. In this case, the initial response to myofascial release is unknown to allow for an additional 6 weeks. The above requests are excessive in length of time or not clinically indicated and therefore 6 sessions of acupuncture with infrared lamp, electric stimulation, and myofascial release for treatment of left knee and lumbar spine are not medically necessary.