MAXIMUS Federal Services

Case Number:	CM14-0046203		
Date Assigned:	07/02/2014	Date of Injury:	12/30/2012
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Interventional Spine 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:

The patient is a 55-year-old male with a date of injury of 12/30/2012. The listed diagnosis per [redacted] is unspecified internal derangement left knee. Progress report 01/30/2014 by [redacted] is handwritten and grossly illegible. Report states patient has left knee pain, which wakes him up at night. Patient may be a candidate for surgery. Objective findings are illegible. According to progress report 03/13/2014, patient complains with left knee pain. Physical examination and recommendation are not legible. The progress reports provided for review do not discuss treatment history or the request for acupuncture. This is a request for a follow-up with [redacted], follow-up with [redacted], and a follow-up with an internal medicine physician and acupuncture one time a week for 3 weeks. Utilization review denied the requests on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

follow up with [redacted], follow up with [redacted] and a follow up with internal medicine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with left knee pain. This is a request for follow-up visits with two requested physicians, and an internal medicine physician. ACOEM, Chapter 12, Low Back, page 303, has the following regarding follow-up visits: patients with potentially work-related low back complaints should have follow up every three to five days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. In this case, the request is for a follow-up for an internal medicine and two other physicians. The treater does not discuss what these follow-up visits are for. Furthermore, treater does not list medication intake or other issues that may warrant a follow-up with an internal medicine physician or any other specialist. Recommendation is not medically necessary.

Acupuncture 1x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with left knee pain. Treater is requesting one time a week for 3 weeks acupuncture treatments. The medical file provided for review does not include treatment history and there are no discussion regarding acupuncture. Utilization review from 03/27/2014 indicates the patient has received four acupuncture treatments in the beginning of 2014. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and restoration of pain. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per week with optimal duration of 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. In this case, the treater has not documented functional improvement from prior acupuncture treatments. MTUS allows for treatments to be extended only when functional improvement has been shown. Recommendation is not medically necessary.