

Case Number:	CM14-0050852		
Date Assigned:	07/07/2014	Date of Injury:	05/12/2011
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Texas and Ohio. 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 52-year-old female with a reported date of injury of 03/02/2013. The mechanism of injury was reported as a fall. The injured worker presented with pain in her left hand, ankle, and chest area. Upon physical examination, the injured worker's left knee range of motion revealed flexion to 90 degrees and extension to 170 degrees. The left ankle presented with a full range of motion. The injured worker's diagnoses included left hip derangement, left hand status post trigger thumb repair, left ankle pain, left knee internal derangement, and right chest pain. The injured worker's medication regimen included naproxen, gabapentin, tramadol, and omeprazole. The Request for Authorization for acupuncture 12 visits at 2 times per week times 6 weeks and lumbar brace was submitted on 04/17/2014. The physician indicated acupuncture was requested to provided improvement for bilateral knee complaints. The physician also recommended a knee brace to help with the injured worker's activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits at 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114,301, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC low back chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed as follows: time to produce functional improvement is 3 to 6 treatments, with a frequency of 1 to 3 times per week, and an optimum duration of 1 to 2 months. The clinical information provided for review lacks documentation related to the injured worker's functional deficits. There is a lack of documentation related to the injured worker's pain scale. In addition, there is a lack of documentation related to the injured worker's functional deficits as it related to the performance of activities of daily living. The recommend the time to produce function improvements, utilizing acupuncture, is 3 to 6 treatments, with a frequency of 1 to 3 times per week, and an optimum duration of 1 to 2 months. The request for 12 visits exceeds the recommended guidelines. Therefore, the request for acupuncture of 12 visits at 2 times per week times for 6 weeks is not medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Immobilization.

Decision rationale: The Official Disability Guidelines state that immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early immobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. There is a lack of documentation provided related to the injured worker's functional deficits. There is a lack of documentation related to the injured worker's inability to perform activities of daily living. In addition, the request as submitted failed to provide for frequency of use. The rationale for the request of a brace was for a knee brace. Therefore, the request for a lumbar brace is not medically necessary.