

Case Number:	CM14-0050854		
Date Assigned:	07/07/2014	Date of Injury:	03/02/2013
Decision Date:	08/12/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Illinois. 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 on 05/12/2011. The injured worker reported that while trying to assist a patient with a shower she slipped and fell. The injured worker had complaints of on-going pain in her left hand, ankle, and chest area. She stated pain was unchanged from previous visits and medications helped control pain. The injured worker had left hip MR arthrogram done on 1/09/2012 that showed torn and degenerated superior lateral and superior antrum and labral degeneration of the left hip joint articular cartilage. The injured worker also had tendinosis of the gluteus muscle rectus femoris. Past surgeries were hysterectomy, left knee surgery, left trigger thumb repair. Medications were naproxen, gabapentin, tramadol and omeprazole. Examination on 03/11/2014 revealed significant left hip pain. Examination of the left knee revealed popping and catching with extension and flexion. There was no evidence of laxity of the knee, positive tenderness on stressing the menisci medially and lateral, evidence of possible meniscal tear, with no documentation. Range of motion for flexion was to 90 degrees, extension was to 170 degrees. It was noted that the injured worker had left knee surgery in 2004 and a hysterectomy. Diagnoses were left hip derangement, internal, left hand status post trigger thumb repair, left ankle pain improved with good rotation; left knee internal derangement, with possible meniscal tear, possible foreign bodies, possible chondroid damage to the joint; right chest pain mostly related to neck pain and no evidence of fracture or spasm of the chest. Treatment plan for the injured worker was for acupuncture for bilateral knees and a knee brace. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There were no reports of medications tried and failed for the injured worker. The California Medical Treatment Utilization Schedule recommends acupuncture 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The examination on 03/11/2014 stated acupuncture for bilateral knees. The request submitted is for acupuncture 12 visits over a 6 week period which exceeds the recommended guidelines. The medical guidelines state time to produce functional improvement is 3-6 treatments with a frequency of 1 to 3 times a week. If measurable gains in functional improvement such as improvement in activities of daily living or reduction of medications are reported, then additional visits will be allowed. Also, there was a lack of documentation indicating the injured worker's pain medication was being reduced or not tolerated or was being used as an adjunct to physical therapy to meet guideline recommendations. Therefore, the request is non-certified.

Soft knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Instability.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The medical necessity was not reported. The California MTUS/ACOEM states a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as carrying boxes. For the average person, using a brace is usually unnecessary. Braces need to be properly fitted and combined with a rehabilitation program. It was noted on physical examination of the left knee there was no evidence of laxity of the knee or that the injured worker had an ACL tear to meet guideline indications for the requested brace. Therefore, the request is non-certified.

