

Case Number:	CM14-0053009		
Date Assigned:	07/07/2014	Date of Injury:	01/18/2010
Decision Date:	08/07/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Neurologist and is licensed to practice in Ohio, Massachusetts, and Texas. 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 57-year-old female who reported injury on 01/18/2010 due to a slip and fall. The injured worker complained of neck, back and right knee pain. She rated her pain at a 6/10 on VAS. Physical examination of the knee revealed on palpation, the knee was swollen and warm. Range of motion to the knee extension to the right was -14 degrees/ -11 degrees/ 8 degrees, the left knee was 2 degrees to 3 degrees. Straight leg raise revealed 12 degrees. The extension range of motion still exhibited signs of inflammation. Diagnostics include an x-ray of the left knee and MRI on the left knee with meniscus tear and lateral meniscus tear. The injured worker has diagnoses of the right knee contusion, low back and neck strains, osteoarthritis of the knee, and chronic pain syndrome. Past treatment in the injured worker include conservative care, physical therapy, occupational therapy, and medication therapy. Medications include morphine 30 mg, oral SR tablets, hydrocodone/acetaminophen 10/325 mg oral tablets, ibuprofen, sulindac 200 mg, and amitriptyline. The current treatment plan is for acupuncture times 12 sessions, bilaterally knees. The rationale and the 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 X 12 sessions, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): TABLE 2, SUMMARY OF RECOMMENDATIONS, KNEE DISORDERS, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision

based on Non-MTUS Citation CLINICAL EVIDENCE; BMJ PUBLISHING GROUP, LTD.; LONDON, ENGLAND; WWW>CLINICALEVIDENCE.COM: SECTION: MUSCULOSKELETAL DISORDERS; CONDITION: OSTEOARTHRITIS OF THE KNEE.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture times 12 sessions, bilateral knees is not medically necessary. The injured worker complained of neck, back and right knee pain. Rated at 6/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guideline state that Acupuncture is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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 time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Optimum duration: 1 to 2 months. The submitted report indicated that the injured worker had completed conservative care, physical therapy and occupational therapy, there was no physical findings as to whether either of those therapies were effective or not with the injured worker's injuries. There was no subjective or objective findings in the submitted report. There was a lack of evidence of any functional deficits the injured worker had prior to these types of therapies and after. The medications mentioned in report also lack any indication as to whether they were keeping track of what medications were doing for the injured worker. There was no evidence as what pain levels were before and after the injured worker took the medication, how long duration was of the medication lasting and whether they were going to be continued. The report also lacked any evidence of any home exercise program be initiated by the injured worker. Guidelines state that acupuncture is to be used in adjunction to physical rehabilitation. Given all the above, the request for acupuncture times 12 sessions, bilateral knees is not medically necessary.

Interventional Anesthesia Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2, Summary of Recommendations, Knee Disorders, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Glass LS, Blais BB, Genovese E, Goertz M, Harris JS, Hoffman H, et al (eds). Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition. Beverly Farms, MA: OEM Health Information Press, 2004, Chapter 7, Independent Medical Examination and Consultations, Page 127. Clinical Evidence; BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Musculoskeletal Disorders; Condition: Osteoarthritis of the Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Office visits.

Decision rationale: The request for Interventional anesthesia consult is not medically necessary. The injured worker complained of neck, back and right knee pain. Rated at 6/10 on VAS. ODG state that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The submitted report had no rationale as to why the injured worker would need an interventional anesthesia consult. The report also lacked evidence as to any reasonable necessity for the consult. The submitted reports indicated no surgery scheduled at this time. So it is unsure as to why the interventional anesthesia consult would be ordered. As such, the request is not medically necessary.