

Case Number:	CM14-0057489		
Date Assigned:	07/09/2014	Date of Injury:	03/29/2011
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 58 year old female whose date of injury is 03/29/11. Treatment to date includes right knee arthroscopy with patellofemoral synovectomy and partial lateral meniscectomy on 10/30/13. Note dated 11/05/13 indicates that she is ready for physical therapy. Diagnoses are right knee sprain/strain, and status post arthroscopic surgery. Progress report dated 01/06/14 indicates that her right knee is improving. She is no longer walking with a cane. Re-evaluation dated 02/04/14 indicates that she complains of constant moderate non-radiating pain in the bilateral knees with some improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture therapy 2 x 4 is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CAMTUS guidelines note that time to produce effect is 3 to 6 treatments. Therefore, the request

is not in accordance with CA MTUS Acupuncture Guidelines, and medical necessity is not established.

Continue Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers compensation Pain procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for continue pain management is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. There is no clear rationale provided to support the request, and the request as submitted is nonspecific. Therefore, the request is not in accordance with ACOEM Guidelines, and medical necessity is not established.

Continue Orthopedic Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Knee and Leg procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127.

Decision rationale: Based on the clinical information provided, the request for continue orthopedic treatment is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. There is no clear rationale provided to support the request, and the request as submitted is nonspecific. Therefore, the request is not in accordance with ACOEM Guidelines, and medical necessity is not established.