

Case Number:	CM14-0061660		
Date Assigned:	07/09/2014	Date of Injury:	11/16/2011
Decision Date:	09/09/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 12 sessions of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 24, 2014, the claims administrator denied a request for six sessions of acupuncture, denied a knee MRI, denied Voltaren, approved Axid, and denied topical Ultracin lotion. The claims administrator stated that the applicant had returned to work in its Utilization Review Report. The claims administrator invoked non-MTUS ODG Guidelines to deny the MRI despite the fact that the MTUS did address the topic. Non-MTUS University of Michigan Guidelines was employed to approve Axid, although, once again, the MTUS did address the topic. The applicant's attorney subsequently appealed. In a September 24, 2013 progress note, handwritten, difficult to follow, and not entirely legible, the applicant reported persistent complaints of neck pain, averaging 6-7/10. The applicant was returned to her usual and customary work, it was suggested, while manipulative therapy was performed. The applicant did have derivative complaints of stress, it was further noted. In a handwritten note dated March 4, 2014, the applicant was again described as having persistent complaints of bilateral wrist pain with difficulty gripping and grasping. Additional acupuncture was sought on the grounds that they were apparently diminishing the applicant's pain. The applicant was returned to regular duty work. Topical applications of heat and cold were apparently endorsed. The applicant had apparently received 24 sessions of manipulative therapy, it was stated. The note was extremely difficult to follow. It appears that knee MRI imaging was ordered, although this was difficult to ascertain. The applicant was asked to continue home exercise. It did not appear that the applicant was using any medications as of this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture sessions to left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the applicant apparently has achieved and/or maintained successful return to work status with earlier acupuncture. As of the handwritten note dated March 4, 2014, the applicant was apparently not using any pain medications. All of the above, taken together, suggest that earlier acupuncture has resulted in functional improvement as defined in MTUS 9792.20f. Therefore, the request is medically necessary.

MRI left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 do support MRI imaging for various purposes, including to confirm meniscal tears, collateral ligament tears, ACL tears, posterior cruciate ligament tears, and/or patellar tendonitis, ACOEM qualifies the recommendation by noting that MRI imaging is not necessary except if surgery is being considered or contemplated. In this case, however, the handwritten progress notes made no mention that the applicant is actively considering or contemplating any kind of surgical remedy insofar as the knee was concerned. Therefore, the request is not medically necessary.

Voltaren XR 100 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Gastroesophageal reflux disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the

traditional first-line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider made no mention of Voltaren usage in the handwritten March 4, 2014 progress note. It did not appear that the applicant was using the medication in question as of that point in time. Earlier handwritten notes of September 24, 2013 and October 31, 2013 likewise made no mention of Voltaren usage, let alone Voltaren efficacy. Therefore, the request was not medically necessary.

one prescription of Ultracin Topical Lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics such as Ultracin. Indeed, there was no mention of Ultracin on any of the provided progress notes. No rationale for selection and/or ongoing usage of Ultracin was proffered by the attending provider. Therefore, the request is not medically necessary.