

Case Number:	CM14-0062320		
Date Assigned:	07/11/2014	Date of Injury:	05/04/2009
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 66 year old male with a date of injury 5/4/2009. The exact mechanism of the injury was not clearly described. A progress report dated 3/4/14 noted subjective complaints of 5/10 bilateral knee pain increased by walking and use of stairs. Objectively, there was no tenderness on examination. There was full active range of motion of bilateral knees without pain. On review of records, the patient is not noted to be on any prescribed pain medication including opioids. Diagnostic Impression: Status post right knee arthroscopy with grade 4 chondromalacia, Left knee pain with medial meniscus recurrent tear, status post arthroscopy and Synvisc injection. Treatment to Date: bilateral knee arthroscopy, Synvisc injections A UR decision dated 3/31/14 modified the previous request for 8 sessions over 4 weeks of bilateral knee acupuncture, certifying 6 sessions over 3 weeks. The requested number of acupuncture treatments was greater than the CA MTUS guidelines. The UR decision denied the request for a urine drug test. CA MTUS recommends considering the use of urine drug screen to assess for the presence of illegal drugs. It was unclear why a urine drug screen was requested. The patient was not on opioids and there was no documentation to support suspicion for illicit drug use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for left and right knee: Upheld

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

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) Pain Suffering, and the Restoration of Function, page(s) 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, the number of requested acupuncture sessions and over what time period is not specified. Furthermore, in review of the medical records, there is no delineation of the desired functional goals from acupuncture therapy. Additionally, there is no documentation of either prior attempt to utilize pain medication or intolerance of pain medications for the patient's symptoms. Therefore, the request for acupuncture, left and right knee was not medically necessary.

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines (Drug Testing Urine testing in ongoing opiate management page Page(s): 78 43.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, the medical records do not indicate that the patient is on any opioid medications nor is there any note that the plan of treatment includes initiating any opioid management. Additionally, there is no indication from the record for a suspicion of any illegal drug use or medication abuse. Therefore, the request for urine drug test was not medically necessary.