MAXIMUS Federal Services

Case Number:	CM14-0070729		
Date Assigned:	07/14/2014	Date of Injury:	05/21/2013
Decision Date:	08/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 28 years old male with an injury date on 05/21/2013. Based on the 04/16/2014 hand written progress report provided by [redacted] the diagnoses are right knee tendonitis, S/P Arthroscopy, and lumbar sprain and strain. According to this report, the patient complains of localized pain in the right knee; status post on 12/10/2013. On the 03/05/2014 report indicates activities such as lifting, bending, pushing, pulling, kneeling, climbing, working, and sitting for 10 minutes, standing for 20 minutes and walking for 15 minutes would worsen the pain. The patient rates the pain at best as an 8/10, on average as a 9/10 and at worst as a 9/10. There is measurable atrophy of the right lower extremities as compared to the corresponding side. Tenderness was noted at the peripatellar, medial and lateral joint line. There is limited range of motion with crepirus noted. [redacted] is requesting: acupuncture on the right knee, 6 sessions, physical therapy on the right knee, 12 sessions and a MRI of the right knee. There were no other significant findings noted on this report. The utilization review denied the request on 04/25/2014. [redacted] is the requesting provider, and he provided treatment reports from 08/28/2013 to 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture on the right knee x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: According to the 04/16/2014 report by [redacted] this patient presents with localized pain in the right knee. The provider is requesting 6 sessions of acupuncture for the right knee. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. In this case, medical records from 08/28/2013 to 04/16/2014 indicate that this patient has had 5 sessions of acupuncture treatments without much improvement and the patient continues to experience 9/10 pain. The requested 6 additional sessions without functional improvement provided, is not in accordance with the MTUS Guidelines. Therefore, the request is not medically necessary.

Physical Therapy on the right knee x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Physical Medicine page 98-99.

Decision rationale: According to the 04/16/2014 report by [redacted] this patient presents with localized pain in the right knee. The provider is requesting 12 sessions of physical therapy for the right knee. The patient is status post right knee arthroscopy, partial medial meniscectomy, and partial synovectomy on 12/10/2013. The patient is outside of post-surgical time frame and for therapy treatments. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient underwent physical therapy 2 times per week for a total of 18 weeks. The period for these treatments is not clear. No therapy reports were provided and there is no discussion regarding the patient's progress. The provider also does not provide any discussion regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Given that, the patient already has had adequate therapy following post-op without much improvement and the patient continues to experience 9/10 pain, the requested 12 sessions exceed what is recommended by MTUS. Therefore, the request is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Knee and Leg Procedure SummaryIndications for imaging -- MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging MRI (magnetic resonance imaging).

Decision rationale: According to the 04/16/2014 report by [redacted] this patient presents with localized pain in the right knee. The provider is requesting a repeat MRI of the right knee. MTUS and ACOEM Guidelines do not address repeat MRI; however, the ODG Guidelines state Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The provider did not provide discussion for the needs of a repeat MRI. The reason for the requested MRI is unclear. Therefore, the request is not medically necessary.