

Case Number:	CM14-0071066		
Date Assigned:	07/14/2014	Date of Injury:	12/24/1993
Decision Date:	10/01/2014	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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:

This is a 62-year-old female with a 12/24/1993 date of injury, due to a slip and fall injury. A 4/25/14 determination was non-certified given no functional improvement for prior acupuncture and osteoarthritis of the knee as a diagnosis. Regarding the knee brace, the patient did not meet the criteria for a pre-fabricated or custom-fabricated knee braces. Regarding Percocet there was evidence of improved function or that has been able to return to work with medication. There was no indication of appropriate medication use, and lack or aberrant behaviors and intolerable side effects. A 4/7/14 medical report identified neck pain, lower back pain, and left knee pain. The patient states that the medications are helping. There is no evidence of medication dependency. Pattern of medication use is as previously prescribed. With the current medication regimen, her pain symptoms are adequately managed. The patient level has remained the same since previous visit. There is occasional constipation treated with increased fiber, water, and stool softeners. Without medication the pain is 10/10. The patient has a knee injection 2 weeks prior and had acupuncture with 30% improvement in pain. The knee brace on the left knee has been irritating the patient's right knee. The patient also referred increased pain in the right shoulder, elbow, and neck with the use of the cane. Exam revealed tenderness to palpation noted over the lateral joint line, medial joint line and patella. A 3/15/14 left knee MRI report revealed moderate tricompartmental chondromalacia, degenerated appearance of menisci. There was also scarring of the medial collateral ligament and attenuation/old partial tear of the fibular collateral ligament, and joint effusion/synovitis. A 2/18/14 urine test was consistent with medication prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. There was indication of only 30% pain improvement without indication of the specific number of sessions completed to date, objective improvement with such sessions, or future goals to achieve. It was also not clear if the patient had any improvement in performing the activities of daily living. The medical necessity is not substantiated.

Knee Brace: 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, Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

Decision rationale: MTUS states that a brace can be used for patellar instability, ACL ligament tear, or medial collateral ligament instability. Usually a brace is necessary only if the patient is going to be stressing the knee under load such as climbing ladders or carrying boxes. The medical records did not clearly identify any of the above cited criteria for a knee brace. In addition, although there was indication that the current brace was irritating the opposite knee, there was no further delineation of this, such as indication if other steps had been taken to decrease this irritation. There is also no clear benefit from the current brace. The medical necessity is not substantiated.

Percocet 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

Decision rationale: The patient has chronic pain managed with medications. The medications were noted to help. Pain without medications was at 10/10. However, there was no pain score with medications, to be able to delineate substantial pain relief. There was a consistent urine test documented, yet, no indication of a pain contract in place. In addition, given the 2003 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding attempts at weaning or endpoints of treatment. CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Considering this, the request is not medically necessary.