

Case Number:	CM14-0077887		
Date Assigned:	08/08/2014	Date of Injury:	08/05/1998
Decision Date:	10/13/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on August 5, 1998. The most recent progress note, dated March 28, 2014, indicates that there are ongoing complaints of right knee pain radiating down her right leg to the foot and ankle. The physical examination demonstrated tenderness over the medial and lateral joint lines of the right knee and muscle strength of 4/5 with knee flexion and extension. The range of motion was measured from 10 to 90 and was limited due to pain. Diagnostic imaging studies of the right knee dated February 26, 2013 was unremarkable. Previous treatment includes acupuncture, chiropractic care, and a steroid injection as well as oral medications. A request had been made for acupuncture, physical therapy, and Aqua therapy of the cervical spine, lumbar spine, and right knee, an MRI the right knee, and occipital block injection, an H wave unit and pads for purchase, second opinion regarding the cervical and lumbar spine, a preoperative evaluation for occipital injections, home care, a follow-up visit for the cervical spine, lumbar spine, and right knee, and a detox program and was not certified in the pre-authorization process on may second 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Cervical/Lumbar/Right Knee 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, acupuncture is indicated as an option when pain medication is reduced or not tolerated. Additionally the injured employee has had prior treatment with acupuncture with unknown efficacy. Furthermore, at 16 years after the stated date of injury, it is unclear why acupuncture, physical therapy, and aquatic therapy all requested at the same time. For these multiple reasons this request for acupuncture is not medically necessary.

Physical Therapy 12 sessions Cervical/Lumbar and Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-8.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, acupuncture is indicated as an option when pain medication is reduced or not tolerated. Additionally the injured employee has had prior treatment with physical therapy with unknown efficacy. Furthermore, at 16 years after the stated date of injury, it is unclear why acupuncture, physical therapy, and aquatic therapy all requested at the same time. For these multiple reasons this request for physical therapy is not medically necessary.

Aqua therapy 12 sessions to the Cervical/Lumbar and right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, acupuncture is indicated as an option when pain medication is reduced or not tolerated. Furthermore, at 16 years after the stated date of injury, it is unclear why acupuncture, physical therapy, and aquatic therapy all requested at the same time. Without further justification for this simultaneous approach to treatment, this request for Aqua therapy is not medically necessary.

MRI Arthogram -Tesla 3.0 Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI, Updated August 25, 2014.

Decision rationale: The injured employee has already had an MRI of the right knee on February 26, 2013, which was stated to be unremarkable. It is highly unlikely that any pathology would have occurred since that time. Furthermore and arthrogram is only indicated for suspected residual or recurrent tear. Therefore, this request for an MRI arthrogram of the right knee is not medically necessary.

Occipital Block Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back - occipital nerve block study

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Occipital Nerve Block, Updated August 11, 2014.

Decision rationale: The most recent progress note dated March 20, 2014, contains no complaints of headaches from the injured employee. Additionally, the official disability guidelines indicate that greater occipital nerve blocks are under study for the treatment of cervicogenic headaches. As such this request for an occipital block injection is not medically necessary.

H wave unit and pads Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The California MTUS Guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records does not indicate a diagnosis consistent with neuropathic pain or chronic soft tissue information. Furthermore there is no documentation of prior usage of a TENS unit. For these reasons, this request for an H wave unit and pads for purchase is not medically necessary.

Second Opinion regarding Lumbar/Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Office visits - E&M

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the most recent orthopedic progress note dated March 28, 2014, the injured employee does not have any complaints of cervical or lumbar spine pain. As such this request for second opinion regarding the cervical and lumbar spine is not medically necessary.

Pre Ops for Occipital Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back - occipital nerve block study

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: As the accompanying request for occipital injections has been determined not to be medically necessary so is this request for a preoperative evaluation for occipital injections.

Home Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: A review of the attached medical record indicates that it is unclear why this injured employee with right knee pain and a normal MRI of the right knee would need home healthcare. The California Chronic Pain Medical Treatment Guidelines specifically states that an individual must be homebound on at least a part-time or intermittent basis toward home health services. Without further justification this request for home care is not medically necessary.

Follow Up visit Cervical Lumbar and Right Knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Office Visits, Updated August 25, 2014.

Decision rationale: According to the attached medical record the injured employee is prescribed 18 different medications. Considering this, a follow-up for the injured employee is medically necessary.

Detox Program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Detoxification, Updated October 2, 2014.

Decision rationale: The most recent progress note dated March 20, 2014, does not state that the injured employee has had any suspected abuse, tolerance issues, addiction, or aberrant behavior regarding medications. As such, this request for detox program is not medically necessary.