

Case Number:	CM14-0078372		
Date Assigned:	07/18/2014	Date of Injury:	08/22/2013
Decision Date:	09/24/2014	UR Denial Date:	04/28/2014
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 55- year-old man was reportedly injured on August 22, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 2, 2014, indicates that there are ongoing complaints of low back pain and bilateral knee pain. The physical examination demonstrated slightly decreased lumbar spine range of motion and hyporeflexive lower extremity reflexes. Muscle strength was 5/5 in the lower extremities. The physical examination the left knee noted range of motion from 0 to 100 with crepitus. Range of motion of the right knee was from 0 to 90. There was peripatellar swelling and a positive McMurray's sign bilaterally Diagnostic imaging studies of the lumbar spine indicate a left sided paracentral disc herniation at L4 - L5 and multilevel degenerative disc disease at L3 - L4 and L5 - S1 with facet arthropathy. Previous treatment includes acupuncture. Synvisc injections were recommended for the left knee. A request had been made for acupuncture for the lumbar spine and Synvisc injections for the right knee and was not medically necessary in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to Lumbar Spine QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Knee and Leg Procedure Summary last updated 03/31/2014.

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 when pain medication is reduced or not tolerated. Additionally up to six visits are recommended to assess functional improvement. According to the attached medical record, the injured employee has had previous acupuncture treatment however it is unclear if this provided functional improvement or how many sessions were attended. Furthermore, it is not stated that medications are reduced or not tolerated. For these reasons, this request for eight sessions of acupuncture for the lumbar spine is not medically necessary.

Synvisc Injections to Right 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 (ODG) - TWC Knee and Leg Procedures Summary last updated 03/31/2014, Criteria for Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine, viscosupplementation is a treatment option when there is moderate to severe arthritis of the knees. The attached medical record does not contain any studies which assess the presence or severity of osteoarthritis in the right knee. Considering this, this request for Synvisc injections for the right knee is not medically necessary.