

Case Number:	CM14-0187311		
Date Assigned:	11/17/2014	Date of Injury:	10/11/2012
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of October 11, 2012. In a utilization review report dated October 24, 2014, the claims administrator denied a knee MRI and denied 12 sessions of acupuncture. The claims administrator stated that its decision was based on a request for authorization form dated October 16, 2014, and an associated progress note of October 2, 2014. The applicant's attorney subsequently appealed. The claims administrator included a 'medical index' log dated November 20, 2014. The most recent progress note incorporated into the independent medical review (IMR) packet, per the medical evidence log, was dated March 31, 2014. Thus, neither the October 2, 2014 progress note nor the October 16, 2014 RFA form on which the articles in question were sought was seemingly incorporated into the independent medical review packet. In a September 13, 2013 progress note, the applicant reported ongoing complaints of low back and leg pain. The applicant did have superimposed issues with diabetes mellitus. The applicant was status post renal transplantation, it was further noted. It was stated that the applicant was "scheduled to return to work shortly, on September 15, 2013." In a September 22, 2013 progress note, the applicant again reported ongoing complaints of low back pain with right-sided radicular symptoms. The applicant was asked to continue working and return for a permanent and stationary appointment. In a March 31, 2014 progress note, it was stated that the applicant could continue "working regular duty." Heightened complaints of left knee pain were noted. The applicant had received a right knee viscosupplementation injection. The applicant apparently had advanced right knee arthritis. It was stated that the applicant should avoid a right knee total knee arthroplasty procedure until she was three months removed from the renal transplantation. It was stated that the applicant was now "10 months removed from said renal transplantation." A positive McMurray maneuver was

noted about the left knee. The claims administrator stated that the applicant carried diagnoses of right knee degenerative osteoarthritis with associated osteochondral defect and possible lateral meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2 does acknowledge that MRI imaging is indicated to help confirm a diagnosis of meniscal tear, as is seemingly suspected here, ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being considered. Here, however, the requesting provider wrote on a March 31, 2014, progress note that the applicant was not a candidate for any kind of knee surgery until she was three years removed from the date of earlier renal transplantation surgery. The applicant was only 10 months removed from the date of the renal transplantation as of that point in time. It is not clear why right knee MRI imaging is being sought, although it is acknowledged that neither the October 2, 2014 progress note nor the associated October 3, 2014 RFA form on which the article in question was sought was seemingly incorporated into the independent medical review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

12 Acupuncture Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS do acknowledge that acupuncture can be employed for a wide variety of purposes, this recommendation, however, is qualified by commentary in MTUS 9792.24.1.c.1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here, however, the request, as written, represents treatment at a rate two to four times MTUS parameters. No rationale for such protracted treatment was furnished, although it is acknowledged that the October 2, 2014 progress note on which the article in question was sought was not seemingly incorporated into the independent medical review packet. The information which is on file, however, fails to support or

substantiate the request. Therefore, the request for 12 Acupuncture Treatments is not medically necessary.