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| Case Number: | CM14-0207252 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 08/01/2007 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Family Practice 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:

This is a 53 years old female patient who sustained an injury on 8/1/2007. The mechanism of the injury was not specified in the records provided. The current diagnoses include herniated lumbar disc with radiculopathy, left ankle and left foot sprain, anxiety and depression, hypertension, left knee degenerative joint disease, status post right knee arthroscopy and partial thickness tear of the right rotator cuff. Per the doctor's note dated 7/30/14, she had complaints of pain in the right shoulder, right knee, right ankle and right wrist. The physical examination revealed weight 375 pounds; tenderness to palpation over paraspinal musculature with paraspinal spasm. The medications list includes topical compound analgesic creams. Prior diagnostic study reports were not specified in the records provided. She has undergone right knee arthroscopy. She has had physical therapy visits for this injury. She has had urine drug screen on 7/30/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that "'Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented..." The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Acupuncture 2 x 6 to the right knee is not fully established for this patient.

Aqua therapy 2 x 6 to the right knee: Upheld

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

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

Decision rationale: Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. The medical necessity of Aqua therapy 2 x 6 to the right knee is not fully established for this patient.