

<b>Case Number:</b>	CM14-0213913		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 55 year old male, who sustained an industrial injury on 7/19/13. He has reported left knee pain after repetitive desk moving. The diagnoses have included internal derangement left knee and status post left knee arthroscopy in 2011. Treatment to date has included medications, diagnostics, physical therapy and activity modifications. Currently, the injured worker complains of constant left knee swelling radiating downwards to the left leg. The physical exam revealed left knee with positive effusion and tenderness medially and laterally. The current medications listed were Anaprox and Prilosec. There were no recent diagnostics or physical therapy sessions noted. The work status was modified with restrictions of no climbing more than 6 steps at a time. Treatment plan was return to clinic on 12/4/14, acupuncture, x-ray and urine drug screen. On 11/24/14 Utilization Review non-certified a request for X-ray of the left knee, noting the (ACOEM) Occupational Medicine Practice Guidelines were cited. Utilization Review non-certified a request for Acupuncture treatments to the left knee 2 times a week x 4 weeks, noting the (MTUS) Medical Treatment Utilization Schedule acupuncture medical treatment guidelines were cited. Utilization Review non-certified a request for Comprehensive qualitative drug screen, noting the Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** Physical exam reveals evidence of joint effusion and swelling. The findings documented on the chart note do meet the minimum criteria stated in the Official Disability Guidelines for x-ray imaging of the knee. I am reversing the previous UR decision. X-ray of the left knee is medically necessary.

**Acupuncture treatments to the left knee 2 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). The initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. Acupuncture treatments to the left knee 2 x 4 is not medically necessary.

**Comprehensive qualitative drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Urine drug testing (UDT), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above

indications. Screening is recommended at baseline, randomly at least twice, up to 4 times a year, and at termination. Comprehensive qualitative drug screen is not medically necessary.