

Case Number:	CM15-0001137		
Date Assigned:	01/12/2015	Date of Injury:	07/02/2012
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male who sustained an industrial injury on 7/2/12. The injured worker reported symptoms in the right knee. The diagnoses included persistent symptomatic medial meniscus tear, loos body with mechanical symptoms of the right knee and unresponsive to conservative management. Treatments to date have included physical therapy, chiropractic treatments, oral medications, orthotics, ice application, right knee arthroscopic surgery on 8/16/13. PR2 dated 11/26/14 noted the injured worker presents with "pain, swelling, locking and catching in the right medial joint line of the knee". The treating physician is requesting Norco #60, Physical therapy 3 times per week for 4 weeks to the left knee, Acupuncture 2 times per week for 6 weeks to the left knee. On 12/17/14, Utilization Review non-certified a request for Norco #60, Physical therapy 3 times per week for 4 weeks to the left knee, Acupuncture 2 times per week for 6 weeks to the left knee. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement. Additionally, the MTUS states that monitoring of outcomes such as aberrant (or non adherent) behavior over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation indicates that a 3/7/14 urine drug screen was negative for prescribed hydrocodone. Additionally, the request for Norco does not indicate a strength. For all of these reasons the request for Norco is not medically necessary.

Physical therapy 3 times per week for 4 weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical therapy 3 times per week for 4 weeks to the left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior therapy. The documentation is not clear on measurable objective functional improvements from prior therapy. The request exceeds the guideline recommended number of visits. It is unclear exactly how many prior therapy sessions the patient has had for this condition and the outcome. For all of these reasons the request for physical therapy 3 times per week for 4 weeks to the left knee is not medically necessary.

Acupuncture 2 times per week for 6 weeks to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2 times per week for 6 weeks to the left knee is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that that the patient has had prior acupuncture of 12 visits. The documentation does not indicate objective functional improvement from prior acupuncture therefore additional acupuncture cannot be certified.