MAXIMUS Federal Services

Case Number:	CM15-0108146		
Date Assigned:	06/12/2015	Date of Injury:	10/27/1995
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 10/27/1995. He has reported injury to the bilateral knees. The diagnoses have included left knee degenerative joint disease; left knee post tibial tubercle revisions x2 with persistent knee pain; left knee muscle imbalance; and right ankle peroneal tendonitis. Treatment to date has included medications, diagnostics, injections, compression stockings, H-wave unit, acupuncture, physical therapy, and surgical intervention. Medications have included Ibuprofen. A progress note from the treating physician, dated 04/17/2015, documented a follow-up visit with the injured worker. The injured worker reported he is still having some discomfort in the anterior aspect of his left knee; he is still working with acupuncture and H-wave; and with these modalities he has been able to start a running program. Objective findings included discomfort to palpation along the tibial tubercle and patellar tendon area of his left6 knee; full range of motion of the left knee; running program is guardedly good for his longstanding chronic problems; and he is benefitting from the H-wave, physical therapy, and acupuncture. The treatment plan has included the request for continue acupuncture to the left knee, quantity requested: 12; and continue physical therapy to the left knee, quantity requested: 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture to the left knee quantity requested: 12. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with left knee pain. The current request is for Continue acupuncture to the left knee quantity requested: 12. 00. The RFA is dated 04/27/15. Treatment to date has included medications, diagnostics, injections, compression stockings, H-wave unit, acupuncture, physical therapy, and surgical intervention (knee surgery in 2010). The patient is not working. 9792. 24. 1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792. 20(e)." According to progress report 04/17/15, the patient reported having some discomfort in the anterior aspect of his left knee; he is still working on acupuncture, physical therapy and H-wave and with these modalities he has been able to start a running program. Objective findings included discomfort to palpation along the tibial tubercle and patellar tendon area of his left knee and full range of motion of the left knee. It is unclear how many acupuncture treatments the patient received to date. In this case, the treating physician stated that prior acupuncture helped the patient start a running program, but this is not adequate documentation for additional treatment. MTUS requires significant improvement including change in activities of daily living, or change in work status, AND reduced dependence on medical treatments. Given the lack of discussion regarding functional improvement and decrease in medical treatments, the requested additional acupuncture IS NOT medically necessary.

Continue physical therapy to the left knee quantity requested: 18. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99; 48.

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

Decision rationale: This patient presents with left knee pain. The current request is for Continue physical therapy to the left knee quantity requested: 18. 00. The RFA is dated 04/27/15. Treatment to date has included medications, diagnostics, injections, compression stockings, H- wave unit, acupuncture, physical therapy, and surgical intervention (knee surgery in 2010). The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. " According to progress report 04/17/15, the patient reported having discomfort in the anterior aspect of his left knee; he is still working with acupuncture, physical therapy and H- wave and with these modalities he has been able to start a running program. Objective findings included discomfort to palpation along the tibial tubercle and patellar tendon area of his left knee and full range of motion of the left knee. This patient has participated in 18 PT sessions in 2013, at least 12 sessions during 2014 and another course of 18 sessions between

01/02/15 and 04/17/15. Physical therapy reports do not document improvement of pain or function. The patient recently completed a course of 18 physical therapy sessions, but there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request for additional sessions. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.