

Case Number:	CM15-0133158		
Date Assigned:	07/21/2015	Date of Injury:	09/09/2013
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 63-year-old female patient, who sustained an industrial injury on 9/9/2013. Diagnoses have included status post right knee arthroscopy, meniscectomy and chondroplasty and right knee moderate degenerative joint disease. According to the progress report dated 3/4/2015, she had complaints of right knee pain. She reported that her knee pain was slightly improved after viscosupplementation injections. The physical exam of the right knee revealed mild effusion, tenderness to palpation over the medial and lateral joint line and crepitus with range of motion. The medications list was not specified in the records provided. She has undergone right knee arthroscopy, meniscectomy and chondroplasty. She has had injections, cane and unspecified number of acupuncture visits. Authorization was requested for one time consult for evaluation and pharmaceutical medication and acupuncture twice a week for three weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time Consultation for Evaluation and Pharmaceutical Medication: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had right knee pain. She had significant objective findings on the physical examination - right knee revealed effusion, tenderness to palpation over the medial and lateral joint line and crepitus with range of motion. She has had right knee arthroscopic surgery. The case is complex. It would be reasonable and necessary to evaluate the patient and prescribe medications Therefore a One time Consultation for Evaluation and Pharmaceutical Medication is medically appropriate and necessary for this patient to manage her chronic knee pain.

Acupuncture 2 x 3 week for the Right Knee: Upheld

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

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." Patient has already had unspecified number of acupuncture visits for this injury. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy/acupuncture visits is not specified in the records provided. The medical necessity of acupuncture 2 x 3 week for the Right Knee is not fully established in this patient at this time.