

Case Number:	CM15-0133513		
Date Assigned:	07/21/2015	Date of Injury:	07/09/2010
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on 7/9/2010. Diagnoses have included headache, right knee internal derangement, right knee sprain-strain and sleep disturbance. Treatment to date has included right knee surgery, acupuncture, physical therapy and medication. According to the progress report dated 5/12/2015, the injured worker complained of pain, swelling and weakness in her right knee. She complained of loss of sleep due to pain. Exam of the right knee revealed tenderness to palpation of the medial knee. McMurray's caused pain. She ambulated with a cane. Authorization was requested for twelve sessions of acupuncture for the right knee, magnetic resonance imaging (MRI) of the right knee, a one month home trial of transcutaneous electrical nerve stimulation (TENS) unit for the right knee and a neurology consult for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of acupuncture for right knee, two times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for twelve sessions of acupuncture for right knee, two times six, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested twelve sessions of acupuncture for right knee, two times six is not medically necessary.

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Repeat MRIs that are post-surgical, if there is a need to assess knee cartilage repair tissue. Within the medical information made available for review, there is no documentation that radiographs are non-diagnostic or identification of any red flags. Additionally, there is documentation patient has improved after surgery and since the last MRI scan. The most recent document do show worsening pain, however, patient has not failed conservative treatment which was also being asked for and was modified to allow partial request to be done. In the absence of such documentation, the currently requested MRI is not medically necessary.

One-month trial of TENS unit for the tight knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

Decision rationale: Regarding the request for One-month trial of TENS unit for the tight knee, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Also, guidelines recommendations by types of pain: neuropathic, phantom limb, chronic regional pain syndrome, multiple sclerosis, and spinal cord injury. Within the documentation available for review, there is no documentation of failure of other appropriate pain modalities including medications, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, the patient does not have one of the types of pain listed for which a TENS is recommended. In the absence of clarity regarding those issues, the currently requested One- month trial of TENS unit for the tight knee is not medically necessary.

Neurology consult for headaches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and the State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for Neurology consult for headaches, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has headaches twice a week felt to be due to tension. However, it is unclear exactly why Neurology consult for tension headaches was requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. Additionally, the patient has already seen a pain medicine doctor and it is unclear why the patient would be referred to another doctor who can also treat tension headaches. In light of the above issues, the currently requested Neurology consult for headaches is not medically necessary.