

Case Number:	CM15-0138713		
Date Assigned:	07/28/2015	Date of Injury:	09/29/2014
Decision Date:	09/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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 36 year old female, who sustained an industrial injury on 09-24-2014. She has reported injury to the left knee. The diagnoses have included left knee internal derangement with meniscus tear. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Norco, Ibuprofen, Protonix, and Prilosec. A progress note from the treating physician, dated 06-10-2015, documented a follow-up visit with the injured worker. The injured worker reported constant right wrist pain with pressure; on and off right knee pain and left knee pain; on and off right ankle pain; constant left leg loss of strength; and constant right rib pain. It is noted that the injured worker has had two injections to the left knee and eleven sessions of physical therapy with some improvement. Objective findings included left thigh atrophy; and left knee with positive effusion. The treatment plan has included the request for acupuncture 2 x 4 to left knee; and physical therapy 2 x 8 to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to 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 x 4 to left knee is not medically necessary as written 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 therefore the request for 8 sessions of acupuncture is not medically necessary as written.

Physical therapy 2 x 8 to Left knee: Upheld

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

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

Decision rationale: Physical therapy 2 x 8 to left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had at least 11 PT sessions. The documentation does not reveal evidence of objective functional improvement from prior PT. It is unclear why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 16 more supervised therapy visits which would further exceed the recommended number of MTUS visits for this condition therefore this request is not medically necessary.