

Case Number:	CM15-0180634		
Date Assigned:	09/22/2015	Date of Injury:	02/13/2008
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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:

The injured worker is a female individual who sustained an industrial injury on 2-13-08. Diagnoses were 715.96; 719.46 (no written diagnoses were present). She currently (8-17-15) complains of continued progressive bilateral knee pain. The pain level was not enumerated. On physical exam, there was medial joint line tenderness to bilateral knees. Diagnostics include radiographs of bilateral knees (no date) showing an increase of osteoarthritis. Treatments to date include transcutaneous electrical nerve stimulator unit; brace. In the progress note dated 8-17-15 the treating provider's plan of care included requests for acupuncture twice per week for four weeks to increase peripheral circulation and muscle blood flow; topical mederma cream. On 9-3-15 Utilization Review evaluated and non-certified the requests for physical therapy three times per week for four weeks, bilateral knees, acupuncture twice per week for four weeks for bilateral knee based on lack of documentation regarding number of sessions completed, current conservative treatments, current diagnostic reports; mederma cream was non-certified based on no MTUS support for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times weekly for 4 weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Work Activities, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In this case, the claimant had undergone an unknown amount of therapy in the past. There was no indication that the claimant cannot perform therapy at home after initial education. The 12 sessions requested, exceeds the amount requested by the guidelines and is not medically necessary.

Acupuncture, twice weekly for 4 weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "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. Time to produce functional improvement: 3 to 6 treatments. In this case, the 8 sessions requested exceeds the guidelines amount to determine functional benefit. The claimant was also offered therapy and had prior TENS unit. The addition of acupuncture is an adjunctive option but not a medical necessity. As a result, the request for the amount of acupuncture above is not medically necessary.

Mederma cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2104531>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Mederma contains topical herbal and medical foods. There is insufficient evidence to support its use. The application is not justified and length of use location of application and frequency is not substantiated. The use of Mederma is not medically necessary.