

Case Number:	CM15-0186334		
Date Assigned:	09/28/2015	Date of Injury:	03/18/2015
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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 52 year old female, who sustained an industrial-work injury on 3-18-15. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right knee pain, right patella fracture, status post tension band open reduction internal fixation (ORIF) right patella, arthrofibrosis right knee, right lower extremity (RLE) weakness, and gait disturbance. Medical records dated 8-19-15 indicate that the injured worker complains of right knee pain with intermittent burning and radiation up the thigh with associated weakness in the right lower extremity (RLE). The pain is worse with physical therapy and improves with medications. The pain is rated 3-4 out of 10 on the pain scale. The medical records also indicate that she is able to walk short distances, stand for 20-30 minutes, sit for 1-2 hours and can lift 5 pounds. Per the treating physician report dated 8-19-15 the injured worker has not returned to work as she is unable to perform her duties. The physical exam dated 8-19-15 reveals that the sensation to light touch is diminished in the back of the knee on the right and on the right lateral leg. She is ambulating with a four point cane. The physician indicates that there is mild swelling in the right knee. There is tenderness to palpation over the quadriceps muscles and patellar tendon of the right knee. The range of motion of the right knee with active flexion is 90 degrees and extension is -5 degrees. Treatment to date has included pain medication including Naproxen and Omeprazole , open reduction internal fixation (ORIF) right patella 3-24-15, knee immobilizer, right knee arthroscopy 6-23-15, physical therapy at least 24 sessions with slow progress, and other modalities. The request for authorization date was 8-5-15 and requested services included Acupuncture two (2) times a week for three (3) weeks and Transcutaneous electrical nerve stimulation (TENS) Unit Purchase. The original Utilization review dated 9-1-15 non-certified the request for Acupuncture two (2) times a week for three (3) weeks and Transcutaneous electrical nerve stimulation (TENS) Unit Purchase as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for three (3) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show tenderness and limited knee range without dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for trial. The Acupuncture two (2) times a week for three (3) weeks is not medically necessary and appropriate.

TENS Unit Purchase: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit for this purchase. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS Unit Purchase is not medically necessary and appropriate.