

Case Number:	CM15-0187688		
Date Assigned:	09/29/2015	Date of Injury:	05/20/2014
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 20, 2014. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for MRI imaging of the knee and 8 sessions of acupuncture. The request for acupuncture was apparently partially approved as 6 sessions of the same. A September 3, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant reported ongoing complaints of knee pain, 6/10, exacerbated by kneeling and bending. The applicant was seemingly working; it was suggested in one section of the note. 5/5 lower extremity motor function and a mildly antalgic gait were evident, the treating provider reported. Minimal swelling and tenderness about the medial joint line were reported. MRI imaging of the knee was sought to capture any ongoing pathology. The applicant was returned to work. Topical Terocin was endorsed. It was not stated how (or if) the proposed knee MRI would influence or alter the treatment plan. On October 12, 2015, the treating provider imposed a 10-pound lifting limitation. Tylenol with Codeine and Motrin were endorsed. The applicant was asked to pursue additional acupuncture. The treating provider stated toward the top of the report, on this occasion that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: No, the request for MRI imaging of the left knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, here, however, progress notes of October 12, 2015 and September 3, 2015 made no mention of precisely what was suspected insofar as the injured knee was concerned. It was not stated whether a meniscus tear or some other issue was suspected. The MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 and 336 also notes that MRI imaging should generally be reserved for cases in which surgery is being considered or contemplated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the knee based on the outcome of the study in question. The requesting provider, moreover, was a physiatrist (as opposed to a knee surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Acupuncture x 8 to the left knee (in house): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for 8 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledge that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3-6 treatments and by commentary made in MTUS 9792.24.1d to the effect that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e. Here, thus, the request for 8 treatments represented treatment in excess of MTUS parameters. The October 12, 2015 progress note suggested that the applicant had received prior unspecified amounts of acupuncture through the date of the request. It did not appear that the applicant had profited appreciably following receipt of the same. The applicant was not working, the treating provider reported on October 12, 2015, with a rather proscriptive 10-pound lifting limitation in place. The applicant remained dependent on opioid agents such as

Tylenol with Codeine, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.