MAXIMUS Federal Services

Case Number:	CM15-0194707		
Date Assigned:	10/08/2015	Date of Injury:	05/09/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
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 67 year old female, who sustained an industrial injury on May 09, 2014. The injured worker was diagnosed as having lumbar spine strain with radicular complaints, right knee contusion, left knee strain, magnetic resonance imaging evidence of "moderate to severe" osteoarthritis with probable complete tear of the anterior cruciate ligament from April of 2015, right ankle strain, and post-traumatic weight gain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left knee, acupuncture, and medication regimen. In a progress note dated September 21, 2015 the treating physician reports complaints of the left knee giving out about 3 to 4 weeks prior to this visit causing a fall, "severe" pain to the left knee, and occasional numbness of the left knee. Examination performed on September 21, 2015 was revealing for an antalgic, stiff legged gait that favors the left leg, tenderness to the left knee with palpation, and decreased range of motion to the left knee. The injured worker's pain level on September 21, 2015 was rated an 8 to 9 out of 10. On September 21, 2015 the treating physician noted prior acupuncture of unknown quantity noting that the injured worker was able to perform "more" activities following acupuncture, but did not specify the activities and the injured worker's level of pain on a visual analog scale prior to acupuncture and after acupuncture to determine the effects of the acupuncture therapy. On September 21, 2015, the treating physician requested acupuncture 2 times a week for 4 weeks for a total of 8 sessions to the left knee to further decrease the myofascial pain to the left knee. The treating physician also requested a medically supervised weight loss program noting that because of the injured worker's pain the injured worker's physical activity is decreased and therefore is unable to

"effectively watch her weight" and a medically supervised weight loss program would be "most effective to help her lose weight; without weight loss, her rehabilitation for this injury will be longer". On October 01, 2015, the Utilization Review denied the requests for acupuncture 2 times a week for 4 weeks for a total of 8 sessions in treatment of the left knee and weight loss program medically supervised for unspecified duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks (8 sessions) in treatment 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 Acupuncture Treatment 2007.

Decision rationale: Ca MTUS Guidelines recommend frequency and duration of acupuncture treatments as a trial of 3- 6 sessions 1-3 times/week. Acupuncture treatment may be extended if functional improvement is documented. On 6/12/2015 the medical records document 4 acupuncture treatments approved, however there is no documentation of functional improvement to support continued requests. In this case, the request is for 8 acupuncture treatments, which exceeds guidelines, especially in view of a lack of prior functional benefit. Therefore, this request is not medically necessary.

Weight loss program medically supervised for unspecified duration: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004,
Section(s): Prevention.

Decision rationale: CA MTUS Guidelines Chapter 1, prevention addresses weight loss programs. Weight loss programs may be approved for patients with a BMI over 30. However, in this case, neither the patient's weight or BMI is recorded. There is no evidence of a failure of a home-based exercise and diet program. No goals or end point for weight loss is found in the records. No medical indications are given for the weight loss. It is not known if the patient is morbidly obese versus merely overweight. Therefore, the request is not medically necessary or appropriate.