

<b>Case Number:</b>	CM15-0195990		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 injured worker is a 59 year old male, who sustained an industrial injury on 1-18-08. The injured worker is being treated for chronic knee pain, right ankle pain, left ankle and foot pain, right shoulder pain, low back pain with radiation downright lower extremity, osteoarthritis and neck and right upper extremity pain, numbness and tingling in hands. Treatment to date has included oral medications including Norco 10-325mg, Ibuprofen 800mg, Hydrochlorothiazide and Colace; shoulder surgery, right knee surgery and right ankle stabilization, physical therapy, injections acupuncture (which provided improvement in [pain and improvement in functional abilities)and activity modifications. On 9-14-15, the injured worker complains of low back pain and bilateral knee pain rated 8 out of 10 without medication and 3 out of 10 with Norco. He feels like he has increased inflammation and swelling since he has not had acupuncture and Colace is not as effective as previously was. Work status is noted to be sedentary work only. On 8-17-15 physical exam revealed slight swelling over the right knee with a slight limp favoring the right side and increased pain with restricted range of motion of lumbar spine. The treatment plan included refilling of Norco and Colace 100mg #60 with 3 refills, 8 additional sessions of acupuncture and right and left knee brace. On 9-22-15 request for Colace 100mg #60 with 3 refills was modified to #60 with 1 refill by utilization review, 8 additional acupuncture sessions was non-certified by utilization review and right and left knee brace was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for bilateral lower extremities 1 time a week for 8 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture for bilateral lower extremities 1 time a week for 8 weeks is not medically necessary.

**Colace 100mg #60 with 3 refills:** 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): Opioids, criteria for use.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. However, the original reviewer modified the request to exclude two refills. Evidence of continued use of opioids was required before full authorization will be granted. Colace 100mg #60 with 3 refills is not medically necessary.

**Right knee brace, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

**Decision rationale:** The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Right knee brace, purchase is not medically necessary.

**Low back brace, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004,  
Section(s): Activity.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Low back brace, purchase is not medically necessary.