

Case Number:	CM15-0201421		
Date Assigned:	10/16/2015	Date of Injury:	04/16/2002
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 64-year-old female with an industrial injury date of 04-16-2002 and 03-06-2003. Medical record review indicates she is being treated for musculoligamentous sprain of the cervical and lumbar spine, internal derangement right knee, overuse syndrome right upper extremity, carpal tunnel syndrome right wrist, history of right thoracic outlet syndrome, history of hydrocephalus and headaches, comminuted intra articular fracture right distal femur with mal union, status post multiple surgical procedures with post traumatic osteoarthritis affecting primarily the patellofemoral and lateral femurotibial joints and lateral epicondylitis right elbow. Subjective complaints (08-08-2015) included neck pain and stiffness with limited range of motion. Other complaints included low back pain across the low back, right knee, occasional swelling and clicking and right wrist elbow pain. Work status is documented as "remain off work until 11-30-2015." Specific activities of daily living are not addressed in the 08-08-2015 note. Prior treatment included physical therapy, acupuncture, brace and medications. Objective findings (08-08-2015) included tenderness over the medial joint line, right knee. There was a positive McMurray's maneuver, medially right knee. The injured worker ambulated with the right knee bent. Knee extension was 160-80 and flexion was 110-150. On 09-09-2015 the request the request for acupuncture 2-3 times per week for 3 months and physical therapy 1 time a week for 12 sessions 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 2-3 times per week for 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested Acupuncture 2-3 times per week for 3 months is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has neck pain and stiffness with limited range of motion. Other complaints included low back pain across the low back, right knee, occasional swelling and clicking and right wrist elbow pain. The treating physician has documented tenderness over the medial joint line, right knee. There was a positive McMurray's maneuver, medially right knee. The injured worker ambulated with the right knee bent. Knee extension was 160-80 and flexion was 110-150. The injured worker is past the post-op period. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture 2-3 times per week for 3 months is not medically necessary.

Physical therapy 1 time per week for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The requested Physical therapy 1 time per week for 12 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck pain and stiffness with limited range of motion. Other complaints included low back pain across the low back, right knee, occasional swelling and clicking and right wrist elbow pain. The treating physician has documented tenderness over the medial joint line, right knee. There was a positive McMurray's maneuver, medially right knee. The injured worker ambulated with the right knee bent. Knee extension was 160-80 and flexion was 110-150. The injured worker is past the post-op period. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 1 time per week for 12 sessions is not medically necessary.