

Case Number:	CM15-0207963		
Date Assigned:	10/26/2015	Date of Injury:	02/15/2014
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina, Georgia
 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 61 year old female who sustained an industrial injury on 2-15-2014. A review of medical records indicates the injured worker is being treated for lumbar sprain strain, rule out lumbar disc protrusion, right hip tenosynovitis, other synovitis and tenosynovitis, left hip sprain strain, left knee chondromalacia, left knee lateral meniscus tear, left knee patellar tendinitis, status post-surgery left knee, and left ankle sprain strain. Medical records dated 9-1-2015 noted low back pain, right hip pain, and left hip pain. Left knee pain was rated a 7 out of 10. There was left ankle pain. Physical examination noted painful and decreased range of motion to the lumbar spine. There was tenderness to palpation of the anterior hip. Left hip range of motion was decreased and painful. Left knee range of motion was decreased and painful. Left ankle range of motion was decreased and painful. Treatment has included naproxen and modified work duty. Utilization review form dated 10-14-2015 noncertified extracorporeal shockwave therapy 1 x 12 left knee, infrared elect acupuncture 1 x 6 left knee, and re-evaluation in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy one times a week for twelve weeks left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Extracorporeal shockwave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Shock Wave Therapy.

Decision rationale: CA MTUS is silent on the topic of shock wave therapy for knee pain. ODG states that shock wave therapy is not recommended for patellar tendonitis. Shock wave therapy of left knee is not medically necessary.

Infrared, elect acupuncture one times a week for six weeks left knee (15 mins): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, acupuncture Official Disability Guidelines (ODG), Knee and Leg, acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case there is no documentation of intolerance to pain medication or of other physical rehabilitation interventions. As such, the use of acupuncture is not medically necessary.

Re-valuation in 4-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: ACOEM describes follow up indications for care of acute knee injuries with physician follow-up ranging from 2-4 days to 7-14 days. A longer follow-up period would be appropriate in the case of chronic pain. A 4-6 week follow up for the chronic knee pain complaints described in this medical record is medically appropriate and necessary.