

Case Number:	CM15-0025270		
Date Assigned:	02/17/2015	Date of Injury:	07/12/2013
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old female, who sustained an industrial injury on 07/12/2013. The diagnoses have included left knee strain and right knee strain. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of the right knee on 07/22/2014 which showed faint linear abnormality in the posterior horn of the medial meniscus where a subtle posterior horn medial meniscal tear cannot be excluded. In a progress note dated 01/26/2015, the injured worker presented with complaints of right and left knee pain. The treating physician reported that the left knee pain improved significantly with rehab and right knee is getting better. Utilization Review determination on 02/04/2015 non-certified the request for Acupuncture treatment 2x6 for the right knee and modified the request for Motrin 800mg #60 with 1 refill to Motrin 800mg #60 with no refills citing Medical Treatment Utilization Schedule Acupuncture and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain chapter, Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67, 70.

Decision rationale: I respectfully disagree with the UR physician. It is unclear why there is a previous modification for the request for Motrin 800 mg. According to the California MTUS guidelines anti-inflammatory medications are considered to be the first line treatment for musculoskeletal conditions to reduce pain and improve function. As such, this request for Motrin 800 mg is medically necessary.

Acupuncture treatment 2x6 for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The California MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. The attached medical record indicates that the injured employee has been participating in rehabilitation and that his knee pain has improved significantly. Considering this improvement this request for acupuncture for the right knee is not medically necessary.