

Case Number:	CM15-0044611		
Date Assigned:	04/17/2015	Date of Injury:	04/29/2008
Decision Date:	05/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation, 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 male with an industrial injury dated 04/28/2008. His diagnosis is left knee (OA) osteoarthritis. Prior treatments include left knee diagnostic and operative revision arthroscopy in August 2013, monovisc viscosupplementation, medications to include anti-inflammatories, aspiration and injection of intra-articular steroids and physical therapy. He presents on 01/29/2015 with complaints of stiffness, achiness, pain and tightness in his knee. Physical exam reveals well healed arthroscopic portals. Strength was noted to be 4/5. There was positive patello femoral crepitation as well as positive grind. The injured worker states the monovisc viscosupplementation and physical therapy sessions have been helpful. Treatment plan included physical therapy, cold therapy unit and acupuncture for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, when added to the sessions previously authorized, the current request for 12 visits exceeds the 8-12 visit maximum recommended by guidelines. Additionally, it is unclear exactly what sustained objective functional improvement was obtained with previous acupuncture sessions. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy, cold/heat packs.

Decision rationale: Regarding the request for cold therapy unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, there is no indication that the patient is undergoing knee surgery. Additionally, there is no statement indicating why the patient would be unable to use a low-tech cold pack, as supported by guidelines, as opposed to a cold therapy unit. In light of the above issues, the currently requested cold therapy unit is not medically necessary.