

Case Number:	CM15-0045804		
Date Assigned:	03/18/2015	Date of Injury:	10/04/2013
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, Florida

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 (IW) is a 49 year old female, who sustained an industrial injury on 10/4/2013. She has reported a fall with injury to the left knee. The diagnoses have included left knee degenerative joint disease, chondromalacia and left knee internal derangement. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) analgesic that was discontinued for causing upset stomach and cortisone injections. Currently, the IW complains of constant achy left knee pain aggravated by ambulation. The pain score was rated at 4-8/10 on a scale of 0 to 10. The physical examination from 1/27/15 documented Range of Motion (ROM) of the left knee 0-110 degrees, with tenderness and muscle spasms. McMurray's test was positive. The plan of care included acupuncture therapy twice a week for four weeks for left knee and medication therapy. There was also a request for Orthovisc injections, three total over three weeks for the left knee. On the latest clinic note dated 3/23/2015, the IW was referred to Orthopedist surgeon for evaluation for left total knee replacement. A prescription for Norco was given. A Utilization Review determination was rendered recommending modified certification for Acupuncture 8 visits per week for 4 weeks left knee to 6 visits and non certification for Initial Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; 8 visits 2 per week for 4 weeks, left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS - Acupuncture Medical Treatment Guidelines recommend that acupuncture treatments can be utilized for the treatment of musculoskeletal pain. The use of acupuncture can result in pain relief, reduction in medication utilization and functional restoration. The records indicate that the patient completed PT and medications treatment. There is documentation of exacerbation of musculoskeletal pain. A referral for Orthopedic evaluation and possible surgery is pending. The criteria for Acupuncture treatments 8 visits 2 X4 left knee was met. Therefore, the request is medically necessary.

Functional Capacity Evaluation; initial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 30-34.

Decision rationale: The CA MTUS recommend that Functional Capacity Evaluation can be utilized as part of return to work planning after a period of work injury related temporary disability. The records indicate that the patient is still in the active treatment phase for the work related injury. There is no documentation of return to work planning or inability to perform pre-injury work schedule. There is a pending referral for orthopedic evaluation for possible knee replacement surgery. A post-operative surgery PT and rehabilitation will then be required making pre operative FCE report of limited prognostic value for return to work planning. The criteria for Functional Capacity Evaluation Initial was not met. Therefore, the request is not medically necessary.