MAXIMUS Federal Services

Case Number:	CM15-0052226		
Date Assigned:	04/15/2015	Date of Injury:	10/08/2013
Decision Date:	05/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 30-year-old female, who sustained an industrial injury on 10/08/2013. Treatment to date has included x-ray of the right knee. Currently, the injured worker complains of right knee pain with numbness and tingling associated with bending, kneeling, and stabbing abdominal pain. The provider noted that the injured worker also suffered from depression. Diagnoses included right knee lateral meniscus tear and depression. Treatment plan included topical compound creams, psychological evaluation, Functional Capacity Evaluation, urinalysis testing, acupuncture, chiropractic care and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for urine analysis testing is not medically necessary. According to the California MTUS Guidelines, drug testing may be recommended as an option using the urine drug screen to assess for use or the presence of illegal drugs. The documentation did not provide sufficient evidence in regard to what risk level this injured worker currently is, or suspicion of noncompliance with the prescribed medication. The documentation did not note if the injured worker has had a previous urine drug screen performed. Given the above, the request is not supported. Therefore, the request for urine analysis testing is not medically necessary.

Acupuncture twice weekly for the right knee and abdominal QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture twice weekly for the right knee and abdominal is not medically necessary. According to the California MTUS Acupuncture Guidelines, acupuncture may be used as an option when 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 submitted documentation did not provide sufficient evidence of a reduction in the pain medication or documented evidence that the pain medication was not tolerated. The documentation did not indicate that the injured worker was actively participating in physical rehabilitation and/or surgical intervention adjunct to acupuncture treatments. Given the above, the request is not supported. As such, the request is not medically necessary.

Chiropractic once weekly right knee and abdominal QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for chiropractic once weekly right knee and abdominal quantity 6 is not medically necessary. According to the California MTUS Guidelines, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is not recommended for the knee. It was noted that the injured worker completed visits of chiropractic therapy; however, the number of sessions completed to date was not specified. The documentation did not provide sufficient evidence of significant objective functional improvement as a result of the completed sessions. The documentation did not indicate a flare-up or re-injury to warrant chiropractic care at this time. Given the above, the request is not supported. As such, the request is not medically necessary.

Physio therapy once weekly for the right knee and abdominal QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: The request for physiotherapy once weekly for the right knee and abdominal quantity 6 is not medically necessary. According to the California MTUS Guidelines, active therapy may be recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The documentation submitted suggests that the injured worker has already completed the recommended amount of physical therapy. The documentation did not provide exceptional factors to warrant exceeding the evidence based guideline recommendations. The documentation did not provide a clear rationale for the medical necessity of Physiotherapy as opposed to implementing a home exercise program at this time. Given the above, the request is not supported. As such, the request is not medically necessary.