MAXIMUS Federal Services

Case Number:	CM15-0060611		
Date Assigned:	04/06/2015	Date of Injury:	05/01/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts
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 49 year old female, who sustained an industrial injury on May 1, 2013. The injured worker had reported head, neck, back, left shoulder and bilateral knee pain related to a fall. The diagnoses have included head injury, cervicalgia, cervical discogenic disease, trapezius muscles myalgia, left shoulder sprain, right foot sprain, headaches and bilateral knee contusion. Treatment to date has included medications, radiological studies, acupuncture therapy, home exercise program, physical therapy and right knee surgery. Current documentation dated February 28, 2015 notes that the injured worker reported headaches, soreness on the right side of the head, neck stiffness and pain, left shoulder pain, right foot pain and bilateral knee soreness. Physical examination revealed tenderness of the right temporal area and mild paraspinal muscle spasticity and tenderness. Left shoulder examination revealed tenderness and a mildly restricted range of motion. The injured worker also was noted to have tenderness over the dorsal midfoot and mild parapatellar tenderness. The treating physician's plan of care included a request for acupuncture visits # 18, return clinic visit in 4-6 weeks and an MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times per week for 6 weeks (quantity: 18): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic pain. When seen, she had right knee pain with swelling, stiffness, and popping, and weakness. There was anterior knee tenderness with decreased and painful range of motion and pain with valgus stressing and patellar compression. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of requested treatments is in excess of recommended guidelines and therefore not medically necessary.

Return to clinic 4-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic pain. When seen, she had right knee pain with swelling, stiffness, and popping, and weakness. There was anterior knee tenderness with decreased and painful range of motion and pain with valgus stressing and patellar compression. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the claimant was being seen for an initial evaluation. A follow-up visit in 4 - 6 weeks is reasonable and medically necessary.

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic pain. When seen, she had right knee pain with swelling, stiffness, and popping, and weakness. There was anterior knee tenderness with decreased and painful range of motion and pain with valgus stressing and patellar compression. Prior x-rays had

shown findings of diffuse swelling with a calcified lateral collateral ligament and were negative for fracture. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no physical examination findings that would support the need to obtain an MRI. Therefore, an MRI of the knee is not medically necessary.