

Case Number:	CM15-0082642		
Date Assigned:	05/05/2015	Date of Injury:	09/02/2014
Decision Date:	06/10/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/29/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old, male who sustained a work related injury on 9/2/14. The diagnoses have included left knee contusion with patellofemoral pain, rule out peripheral nerve injury in left leg, osteoarthritis left knee and abnormality of gait. The treatments have included chiropractic treatments, acupuncture and pain medication. In the PR-2 dated 2/12/15, the injured worker complains of constant, left knee pain. He rates his pain level a 5/10. He has left knee tenderness along the joint lines. He has stiffness in left knee with range of motion. He has 55 degrees of flexion in left knee with pain. He has a positive Apley's compression test and a positive Clarke's test with left knee. It is unclear how many chiropractic treatments and acupuncture sessions the injured worker has received in the past. The treatment plan is for additional chiropractic treatments and acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with diagnoses of left knee contusion with patellofemoral pain, rule out peripheral nerve injury in left leg, osteoarthritis left knee and abnormality of gait. The patient's current complaints are of constant left knee pain with knee tenderness along the joint lines. The current request is for acupuncture 1x4 weeks. The treating physician states on 2/12/15 (27B), that the patient is on total temporary disability and notes the treatment plan is to "continue acupuncture therapy one time a week for four weeks for the left knee." MTUS Guidelines state, Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improve: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, it is unclear how many chiropractic treatments and/or acupuncture session the injured worker received. The limited clinical history provided for review only includes the initial chiropractic treatment report dated 10/21/14 (43B) and offers no insight into treatment duration and/or progress. Without a detailed understanding of how many treatments the patient has completed and the status of those treatments the current request is not medically necessary and therefore the recommendation is for denial.

Continue chiropractic physiotherapy 2x4 weeks - left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with diagnoses of left knee contusion with patellofemoral pain, rule out peripheral nerve injury in left leg, osteoarthritis left knee and abnormality of gait. The patient's current complaints are of constant left knee pain with knee tenderness along the joint lines. It is unclear how many chiropractic treatments and acupuncture session the injured worker has received. The current request is for continue chiropractic physiotherapy 2x4 weeks left knee. The treating physician states on 2/12/15 (27B), that the patient is on total temporary disability and notes the treatment plan is to, "continue chiropractic physiotherapy two times a week for four weeks for the left knee." MTUS Guidelines regarding physical medicine state that 8-10 sessions for myalgia and neuritis type pain is recommended. There is no documentation of the quantity of sessions previously performed in the records provided. This request is for continuation of care, which in all likelihood would exceed the MTUS guidelines and there is no documentation of response to prior care to establish functional improvement. The current request is not medically necessary and the recommendation is for denial.