

Case Number:	CM15-0088859		
Date Assigned:	05/13/2015	Date of Injury:	05/31/2007
Decision Date:	06/12/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on 05/31/2007. She reported that while assisting a client into a chair the client started to fall causing the injured worker to grab the client. This led the injured worker to twist her knee to prevent the client from falling subsequently causing injury to the injured worker's left knee and back. The injured worker was diagnosed as having osteoarthritis of the left knee, status post left total knee replacement and lumbar/sacral sprain/strain with multi-level degenerative disc disease. Treatment and diagnostic studies to date has included use of a cane, above listed procedure, epidural steroid injections, x-rays of the left knee, x-rays of the right knee, x-rays of the lumbar spine, x-rays of the pelvis, physical therapy, home exercise program, and magnetic resonance imaging of the lumbar spine. In a progress note dated 04/20/2015 the treating physician reports complaints of pain to the bilateral knees, ankles, and low back with limited standing and walking that was noted to have worsened. The examination was revealing for tenderness to the left lateral knee, tenderness and spasm to the lumbar spine, severe multi-level scoliosis, and an antalgic gait. The treating physician also noted that the injured worker is currently not on any prescription medications and is unable to take non-steroidal anti-inflammatory drugs (NSAIDS) secondary to history of gastric bypass. The treating physician requested x-rays of the left knee and the lumbar spine that were performed on 04/20/2015, but did not indicate the specific reasons for the performed x-ray studies. The treating physician also requested 8 sessions of acupuncture as a trial for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and is not medically necessary.

X-rays of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The ACOEM chapter on knee complaints states: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall; Palpable tenderness over fibular head or patella; Inability to walk (four steps) or bear weight immediately or within a week of the trauma; Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Criteria have not been met per the clinical documentation provided for review and therefore the request is not medically necessary.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The ACOEM chapter on low back complaints states: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The clinical documentation fails to show how the x-rays would change management and therefore the request is not medically necessary.