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| Case Number: | CM15-0241426 | | |
| Date Assigned: | 12/18/2015 | Date of Injury: | 08/16/2011 |
| Decision Date: | 01/28/2016 | UR Denial Date: | 11/24/2015 |
| Priority: | Standard | Application Received: | 12/10/2015 |

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: California

Certification(s)/Specialty: Emergency 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(n) 42 year old male, who sustained an industrial injury on 8-16-11. The injured worker was diagnosed as having lumbar radiculopathy, right knee pain and left wrist sprain. Subjective findings (7-17-15, 9-2-15 and 9-30-15) indicated 4-6 out of 10 pain without medications in the lower back and right knee. He reported a decrease in activity level. Objective findings (9-2-15 and 9-30-15) revealed an antalgic gait, restricted left knee range of motion and tenderness to palpation over the medial joint line. As of the PR2 dated 11-11-15, the injured worker reports low back, left wrist and right knee pain. He rates his pain 3 out of 10 without medications. Objective findings include an antalgic gait, restricted left knee range of motion and tenderness to palpation over the medial joint line. There is no documentation of vascular insufficiency and the treating physician noted no edema present. Treatment to date has included a functional restoration program, Ibuprofen, Lidoderm patch and Pennsaid. The Utilization Review dated 11-24-15, non-certified the request for acupuncture x 6, left knee x-rays and a vascular specialist for second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As per MTUS Acupuncture guidelines, 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. No evidence based treatments rehabilitation or surgery is planned. There is no documentation of prior acupuncture attempts. Guidelines recommend an initial trial of 4 sessions before additional is recommended. This request does not meet criteria and exceeds guidelines recommendations. It is not medically necessary.

Left Knee X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, imaging of knee is only indicated in cases of trauma and in chronic pain only with signs red flags, joint instability or failure of conservative care. Not a single criteria is met. There is only noted pain. Provider has failed to document any attempt at conservative treatment of this knee (all other documentation pertain to right knee) and there is no rationale provided for request. Therefore, it is not medically necessary.

Vascular Specialist for Second Opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Cornerstones of Disability Prevention and Management.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has already been assessed by a vascular specialist and has already had significant workup done showing to no vascular issues. A request for a "second opinion" is not necessary as provider has failed to provide any data, exam findings or rationale that would refute workup that has already been completed. The request is not medically necessary.