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| Case Number: | CM14-0112950 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 07/01/2013 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who has submitted a claim for knee osteoarthritis associated with an industrial injury date of July 1, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of knee and leg pain. Examination revealed severe tenderness of the medial joint line, both anterior and posterior horn of bilateral knee. He had edema of the bilateral anterior lateral knee. McMurray's sign was positive bilaterally. ROM testing on the left knee revealed flexion of 110 with pain and extension of 0. ROM testing on the right knee revealed flexion of 110 and extension of 0. Treatment to date has included analgesic medications. Utilization review from July 7, 2014 denied the request for Interferential unit #6 mos, cortisone injection to bilateral knees and Acupuncture #8 sessions. The request for interferential unit was denied because the patient did not fulfill any of the criteria for its use. The request for cortisone injection was certified. The request for acupuncture was denied because the chronicity of the symptoms implied that the patient had prior acupuncture sessions, which apparently did not improve the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit #6 mos: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, there is no documentation regarding failure of pain medications or inability to perform physical therapy. There was no documented history of substance abuse, a postoperative status and unresponsiveness to conservative measures. There is also no documentation of a prior one-month trial of use of interferential unit to support further treatment. The submitted medical records are insufficient. Moreover, the request did not specify if it was for a purchase or rental. Therefore, the request for interferential unit #6mos was not medically necessary.

cortisone injection to bilateral knees: 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 and Leg Chapter, Corticosteroid Injections.

Decision rationale: CA MTUS does not address this issue but according to the Knee and Leg Chapter of Official Disability Guidelines (ODG), corticosteroid injections are supported for short-term use in the evaluation/ management of patellofemoral injuries and/or osteoarthritis of the knee. In this case, the patient was diagnosed with osteoarthritis of the knee. Corticosteroid injections will be helpful in this patient on the short-term. However, the request for cortisone injection to bilateral knees had already been certified by utilization review from July 7, 2014. Therefore, the request for cortisone injection to bilateral knees is not medically necessary.

Acupuncture #8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and

duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, it is not clear whether the patient had prior acupuncture visits. There is no evidence that pain medication is reduced or not tolerated or acupuncture is to be used as an adjunct to physical rehabilitation and/or surgical intervention. The requested 18 visits exceed the number of visits recommended by the guidelines. Moreover, body part to be treated is not specified. Therefore, the request for Acupuncture #8 sessions is not medically necessary.