

Case Number:	CM14-0116275		
Date Assigned:	08/04/2014	Date of Injury:	04/11/2012
Decision Date:	10/08/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple knee surgeries, reportedly culminating in a left-sided total knee arthroplasty in February 2013; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 23, 2014, the claims administrator denied a request for right knee MRI imaging, four sessions of acupuncture and four sessions of physical therapy. The claims administrator suggested that the applicant was off of work. The claims administrator stated that the request for the service had been initiated by the applicant's primary treating provider, a chiropractor. The claims administrator stated that a June 10, 2014 progress note, not entirely legible, was the basis for the request at issue. The applicant's attorney subsequently appealed. The MRI imaging of the knee of June 30, 2014 was apparently performed and was notable for a small fluid accumulation with intact medial and lateral collateral ligaments, intact ACL and PCL ligaments, and intact quadriceps and patellar tendons. Bicompartamental arthritis was noted with an osteochondral defect. Deformation of medial meniscus was noted, consistent with prior surgery. On May 21, 2014, the applicant was described as having persistent complaints of knee pain, reportedly attributed to cumulative trauma at work, exacerbated by standing and walking activities. In a February 13, 2014 progress note, the applicant was given work restrictions. Persistent complaints of knee pain were noted. It was suggested (but not clearly stated) the applicant was working. The left knee prosthesis was described as in satisfactory position. The remainder of the file was surveyed. The June 10, 2014 progress note and June 16, 2014 Request for Authorization Form on which the services in question were sought were not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (R) Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-2, pages 335 to 336.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 to 336 do recommend MRI imaging to help confirm various diagnoses involving the knee, including those of meniscal tear, collateral ligament tear, ACL tear, PCL tear, patellar tendinitis, etc., ACOEM qualifies the recommendation by noting that MRI imaging is indicated only if surgery is being actively considered or contemplated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the right knee, although it is acknowledged that the Request for Authorization Form of June 16, 2014 and associated progress note of June 10, 2014 in which the services in question were sought was not incorporated into the Independent Medical Review packet. The information that is on file, however, does not support or substantiate the request. It is further noted that the MRI in question was apparently performed and failed to uncover any evidence of a specific lesion amenable to surgical correction. Therefore, the request was not medically necessary.

Acupuncture x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request does seemingly represent a renewal request. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the information on file points to the applicant's remaining off of work, on total temporary disability, despite having completed earlier unspecified amounts of acupuncture over the course of the claim. The fact that the applicant is off of work, on total temporary disability, does suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier acupuncture in unspecified amounts over the course of the claim. It is noted, that, as with the other requests, that the progress note in which the request was initiated was not incorporated into the Independent Medical Review packet. The information that is on file, however, does not make a compelling case for continuation of acupuncture. Therefore, the request is not medically necessary.

PT x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts during the chronic phase of a claim, this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the claims administrator's Utilization Review Report suggested that the applicant was off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in unspecified amounts over the course of the claim. As with the other request, it is acknowledged that the progress note of June 10, 2014 and associated Request for Authorization Form of June 16, 2014 in which the services in question were sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, does not make a compelling case for the request in question. Therefore, the request is not medically necessary.