

Case Number:	CM14-0118559		
Date Assigned:	09/16/2014	Date of Injury:	01/22/2013
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Pain 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 injured worker is a 61-year-old gentleman who was reportedly injured on January 22, 2013. The most recent progress note dated September 4, 2014, indicates that there were ongoing complaints of knee pain, right greater than left. Current medications include Mobic, ketoprofen and Prilosec. The physical examination demonstrated right knee tenderness and decreased range of motion and mild swelling. There was a positive Apley's test. Examination of the left knee noted painful range of motion and joint line tenderness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right knee arthroscopy x 2, physical therapy, home exercise, and oral medications. A request was made for an MRI of the left and right knee and electro acupuncture, and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee with arthrogram: Upheld

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

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, MRI Arthrogram, Dated October 7, 2014.

Decision rationale: According to the Official Disability Guidelines, an MR arthrogram of the right knee is only indicated for prior meniscal resection of greater than 25% in the absence of severe degenerative arthritis. It is not stated that the injured employee had a previous meniscectomy of this extent nor is the extent of osteoarthritis of the right knee stated. As such, this request for an MRI arthrogram of the right knee is not medically necessary.

MRI of the left knee: Upheld

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

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, MRI, (Updated October 7, 2014).

Decision rationale: According to the Official Disability Guidelines, an MRI of the knee is only indicated in the presence of acute trauma or for a traumatic knee pain with normal radiographs and the suspicion of internal derangement. The attached medical record does not include normal radiographs of the left knee or a stated suspicion of internal derangement. Considering this, the request for an MRI the left knee is not medically necessary.

Electro acupuncture, six (6) sessions to include myofascial release and infrared heat:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the injured employees diagnosis and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request for six sessions of electro acupuncture to include myofascial release and infrared heat is not considered medically necessary.