MAXIMUS Federal Services

| Case Number: | CM14-0144084 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2014 | Date of Injury: | 04/06/2010 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

## 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 Family 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 53-year-old female whose date of injury is 04/06/2010. On this date, the injured worker tripped and landed on her left knee and left hand at work. She is not currently working. MRI of the left knee dated 03/26/13 revealed tearing of the medial meniscus body and posterior horn with radial and horizontal tear components, mild chondromalacia of the medial patellar facet, Anteromedial Plateau, and Posterolateral Tibial Plateau with subacromial cystic changes. Treatment to date includes Left Knee Arthroscopy, Synvisc injections, physical therapy, medication management and acupuncture. Note dated 06/18/14 indicates that diagnoses are chronic pain syndrome, joint pain leg, derangement medial meniscus, and abnormality of gait. Note dated 07/30/14 indicates that she is requesting manual wheelchair to aid her mobility for long distances and going up ramps. Current medications include Vicodin, Gabapentin, Ultram, Ketoprofen, Atenolol, HCTZ and aspirin. On physical examination gait is antalgic favoring the left leg with use of a walker. There is decreased left knee flexion, but normal extension. Strength is 4+ knee extension and 4-knee flexion. Authorization was provided for 6 additional acupuncture visits on 08/07/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Electro-Acupuncture Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The submitted records indicate that the injured worker has undergone prior Acupuncture. The CA MTUS Acupuncture Guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided. Based on the clinical information provided, the request for 12 Sessions of Electro-Acupuncture is not recommended as medically necessary.

**Manual Adult Size Wheelchair:** 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) Knee & Leg

**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, Wheelchair

**Decision rationale:** The submitted records indicate that the injured worker is ambulating with the use of a walker. The Official Disability Guidelines support wheelchairs if the injured worker requires and will use a wheelchair to move around their residence. The information provided indicates that the injured worker is requesting a wheelchair to aid her mobility for long distances and going up ramps. Therefore, medical necessity is not established in accordance with the ODG Knee and Leg Chapter. Based on the clinical information provided, the request for manual adult size wheelchair is not recommended as medically necessary.