

Case Number:	CM14-0183593		
Date Assigned:	11/10/2014	Date of Injury:	08/19/2013
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This is a 53-year-old female with an 8/19/2013 date of injury. She fell face first and hit her head, nose, left arm and left knee. A progress reported dated 9/24/14 noted subjective complaints of intermittent right wrist pain and constant left knee pain. Objective findings included right wrist tenderness to palpation over the volar and ulnar aspects of the wrist. The left knee was tender and a joint effusion was noted. The patient started acupuncture on 9/16/14 and has completed 2 out of 6 sessions. She also started physical therapy 9/15/14 and has completed 3 out of 12 sessions. Diagnostic Impression: right wrist strain and left knee contusion Treatment to Date: medication management, physical therapy, and acupuncture. A UR decision dated 10/9/14 denied the request for acupuncture 1x6 for the right wrist and left knee. Given that the patient has only completed 2 out of 6 authorized sessions, the request for additional sessions is not supported in the absence of objective functional improvement. It also denied physical therapy 2x6 for the left knee. The documentation submitted for review indicated the patient had started physical therapy and had completed 3 out of 12 sessions. In the absence of details regarding previous physical therapy, such as objective functional gains, the request for additional therapy is not supported. It also denied tramadol/apap 50 mg #60. There is no rationale in the documents available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right wrist and left knee x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, the patient has only completed 2 sessions of a previously approved 6 sessions of acupuncture. Additionally, there is no documentation of objective functional benefit obtained from this initial course of acupuncture that the patient is currently undergoing. In the absence of this documentation, additional sessions are not certifiable. Therefore, the request for acupuncture 1x6 to the right wrist and left knee x 6 sessions is not medically necessary.

Physical Therapy 2 x 6 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page(s) 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, the patient has only completed 3 sessions of a previously approved 12 sessions of physical therapy. It is unclear why an additional 12 sessions would be necessary at this time. Additionally, there is no documentation of objective functional benefit obtained from this initial course of physical therapy that the patient is currently undergoing. In the absence of such documentation, additional sessions are not certifiable. Therefore, the request for physical therapy 2x6 to the left knee is not medically necessary.

Tramadol APAP 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol opiates Page(s): 113, 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. However, there is no discussion regarding endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There is no mention of failure of first line analgesics to warrant the use of Tramadol. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol APAP 50 mg #60 is not medically necessary.