

<b>Case Number:</b>	CM15-0011210		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on September 11, 2012. She has reported twisting her left knee while running. The diagnoses have included left knee internal disruption and lumbar discogenic disease. Treatment to date has included diagnostic studies, injections, surgery, physical therapy and medications. Currently, the IW complains of mainly left knee pain along with some pain in the right knee and left hip. Her knee feels like it wants to give out. Her left knee pain is rated a 3 on a 1-10 pain scale. She also complained of pain in the lower back rated a 6/10 on the pain scale. On January 5, 2014, notes stated that she also fell recently causing more pain to the left knee. On January 14, 2015, Utilization Review non-certified a ACT Med Kit for date of service 11/10/2014, noting Non-MTUS Guidelines. On January 21, 2015,, the injured worker submitted an application for IMR for review of ACT Med Kit for date of service 11/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: ACT med kit (Date of service: 11/10/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The patient presents with pain to the left knee rated 3/10, pain to the left hip rated 6/10, and pain in the lower back rated 6/10 which radiates to the left lower extremity. The patient's date of injury is 09/11/12. Patient is status post L5- S1 lumbar epidural steroid injection on 04/23/14, left knee arthroscopy with partial lateral meniscectomy on 09/17/14, and left lateral femoral cutaneous nerve block on 06/20/14. The request is for RETROSPECTIVE ACT MED KIT (DATE OF SERVICE 11/10/14). The RFA for this request was not provided. Physical examination dated 01/05/15 revealed "grossly abnormal" lumbar spine with tenderness and spasm noted to the latissimus dorsi on the left side, positive straight leg raise test noted on the left. Left knee examination revealed reduced range of motion, especially on flexion, positive Lachman's test, negative drawer test. The patient is currently prescribed Norco, Sonata, Cyclobenzaprine, Naproxen, and Omeprazole. Diagnostic imaging included MRI of the lumbar spine dated 09/30/14, significant findings include: "minimal disc bulging at L4-5 and L5-S1 abutting the thecal sac... minimal narrowing of the spinal canal at these levels... mild facet degenerative changes at L1 to L5 and then moderate left mild right at L5-S1." [sic] Patient is temporarily totally disabled until 02/15/15. MTUS and ODG guidelines do not specifically discuss ACT med kits. Internet search and ODG/MTUS search do not discuss this unit and no guidelines can be found. However, MTUS page 8 has the following: "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In regards to the request for an ACT med kit, the progress notes provided do not discuss exactly what the requested item is. Denial letter and IMR application list the date of service for this item as 11/10/14, though a careful examination of the progress note from that date does not discuss the item in question. Without clearer documentation of the true nature of this item or a specific rationale as to why it would be needed the medical necessity cannot be substantiated. It is the treater's responsibility to monitor the patient and make appropriate recommendations. Therefore, the request IS NOT medically necessary.