

Case Number:	CM15-0014604		
Date Assigned:	02/02/2015	Date of Injury:	04/26/2001
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 man, who sustained an industrial injury on 4/26/2001. The current diagnoses are knee pain and status post left total knee replacement and revisions. Currently, the injured worker complains of ongoing pain in bilateral knees, left greater than right. The pain is rated 7-9/10 on a subjective pain scale. Current medications are Tramadol, Naproxen, Voltaren gel, and Omeprazole. Treatment to date has included medications, physical therapy, knee bracing, injections, and multiple surgeries. The treating physician is requesting 6 physical therapy and 6 acupuncture treatments for the bilateral knees, which is now under review. On 1/13/2015, Utilization Review had non-certified a request for 6 physical therapy and 6 acupuncture treatments for the bilateral knees. The California MTUS Chronic Pain and Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 treatments for the bilateral knees: 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 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: According to the attached medical record the injured employee has had three surgeries on the right knee for a total knee arthroplasty as well as an arthroscopy on the left knee. Due to these surgeries the injured employee has almost certainly participated in physical therapy before and after these procedures. The attached medical record also documents training in home exercise for current muscle tightness. Considering this, this request for six additional treatments of physical therapy for the bilateral knees is not medically necessary.

Acupuncture 6 treatment for the bilateral knees: 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 of 127.

Decision rationale: The California 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. The attached medical record does not indicate that pain medication has been reduced or not tolerated. Additionally, the progress note dated December 30, 2014 includes a request for acupuncture/trigger point release rather than just an acupuncture procedure and there is inadequate documentation of trigger points on physical examination. For these reasons, this request for acupuncture for the knees is not medically necessary.