

Case Number:	CM15-0015445		
Date Assigned:	02/03/2015	Date of Injury:	02/04/2012
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury reported on 2/4/2012. He has reported pain in the left knee from favoring the injured right knee. The diagnoses have included torn anterior cruciate ligament - right knee; degenerative arthritis, internal derangement, and meniscus tear - left knee. Treatments to date have included consultations; diagnostic imaging studies and testing; multiple right knee surgeries (5/4/12, 9/22/13 & 4/23/14); 14 acupuncture treatments for the right knee, and 6 sessions for the left knee; physical therapy; and medication management. Prior note on 10/21/14 indicated the claimant did not receive improvement from prior therapy. The work status classification for this injured worker (IW) was noted to be that he never returned to work. On 12/12/2014 versus 12/30/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/8/2014, for a bilateral knee brace. The Official Disability Guidelines, knee and leg, knee brace; and Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine, knee complaints, activity alteration; and the Official Disability Guidelines, knee & leg, knee brace criteria, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the Bilateral Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement is expected within 3-6 sessions. In this case, the amount requested exceeds the amount to determine if acupuncture can provide functional benefit. As a result, the request is not medically necessary.

Specimen Collection and Handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine screen is not medically necessary and therefore specimen collection and handling is not medically necessary.

Physical Therapy 2 times a week for 4 weeks for the Bilateral Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Article 4.5 sub chapter 1- physical therapy.

Decision rationale: According to the guidelines, post-operative therapy for the knee involving the meniscus can be up to 12 visits over 12 weeks. In this case, the amount of sessions completed is unknown. The claimant had not received benefit from prior therapy completed as noted in October 2014. There is no indication that home exercises cannot be done. Therapy is to be performed in a fading frequency. The request for additional therapy above is not medically necessary.