

Case Number:	CM15-0112426		
Date Assigned:	06/18/2015	Date of Injury:	09/02/2014
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 37 year old man sustained an industrial injury on 9/2/2014 after his knee buckled while attempting to stand up. Evaluations include undated left knee x-rays and MRI. Diagnoses include recurrent medical meniscus tear of the left knee. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 5/13/2015 show complaints of left knee pain with numbness and tingling. Recommendations include home exercise program, acupuncture, multi interferential stimulator for home use, 3D MRI of the left knee, functional improvement measure through functional capacity evaluation, work hardening screening, psychosocial factors screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter, functional capacity evaluation chapter, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 48.

Decision rationale: The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there is no documentation that any of the above conditions are present, which would be require the completion of an FCE. There are no specific indications for an FCE. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Work conditioning/hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work conditioning, work hardening.

Decision rationale: Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening (WH) programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. The need for WH is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. Work conditioning, work hardening should be specific for the job individual is going to return to. There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. In this case, screening for a WH program consists of an FCE, which was not found to be medically necessary. Of note, there is documentation on 3/20/15 that this patient was working full duty without restriction. Medical necessity for the requested service has not been established.

Follow up visit with range of motion testing and ADLs: Upheld

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

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, Office Visits.

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the patient has a chronic injury and is actively receiving treatment, including medical management. A routine follow-up visit would then be appropriate and would be medically necessary. However, there is no documentation for the need for specialized range of motion testing or an evaluation of ADLs, beyond that done as part of a routine office visit and physical exam. There is no rationale for any additional testing than that provided in a routine office visit. Medical necessity for the requested follow up visit with range of motion testing and ADLs has not been established. The requested service is not medically necessary.

Acupuncture to include electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, diathermy; 6 visits 3x2 left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the request for 6 acupuncture visits for the left knee (3 sessions/week over 2 weeks) is within the recommended guidelines. However, there is no consistent rationale or support for the use of the additional modalities (electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, and diathermy) in conjunction with the requested acupuncture. Medical necessity of the additional requested modalities has not been established. Therefore, the requested services are not medically necessary.