

Case Number:	CM15-0117340		
Date Assigned:	06/25/2015	Date of Injury:	06/26/2013
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56-year-old male, who sustained an industrial injury on June 26, 2013, incurring injuries to the knees, left ankle, foot, lumbar spine and back after he tripped and fell. He was diagnosed with posttraumatic osteoarthritis of the left knee, and left knee cruciate ligament tear. Treatment included physical therapy, neuropathic medications, topical analgesic patches and gels, steroid injections, surgical total knee replacement, pain medications and work restrictions. Currently, the injured worker complained of left knee swelling and pain, right knee pain radiating down the leg with increased pain when turning, standing and walking. He complained of left hip pain when walking and extending the leg. The treatment plan that was requested for authorization included acupuncture and a multi stimulator unit for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture six sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are totally replacement January 8, 2014; hypersensitivity response to TKR metals; abnormality update causing left foot and left hip discomfort with weight-bearing; right knee sprain strain; emotional distress from injury. The date of injury is June 26, 2013. The request for authorization is May 7, 2015. The treatment plan in a progress note dated April 20, 2015 is requesting acupuncture one times per week times six weeks for chronic pain in the knee. Utilization review indicates the injured worker received prior acupuncture. The total number of acupuncture sessions is not documented in the medical record. There are no acupuncture session progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior acupuncture. The guidelines allow an initial trial of 3-4 visits. With evidence of objective functional improvement for total of up to 8 to 12 visits may be indicated. There is no documentation with objective functional improvement and, as a result, additional acupuncture is not clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement, total number of acupuncture sessions to date and compelling clinical documentation/facts indicating additional acupuncture is warranted, acupuncture six sessions is not medically necessary.

Multi Stim Unit for knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multi-stimulator unit to the knee is not medically necessary. Neuro-muscular electrical stimulation (NMES devices) is not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is

evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are totally replacement January 8, 2014; hypersensitivity response to TKR metals; abnormality update causing left foot and left hip discomfort with weight-bearing; right knee sprain strain; emotional distress from injury. The date of injury is June 26, 2013. The request for authorization is May 7, 2015. The treatment plan in the April 20, 2015 progress note is recommending a ProTech multi stim unit. The multi-stim unit contains three different forms of electrical stimulation: M-Stim, TENS and EMS/NMS. There is no documentation of a 30-day trial in the request for authorization. Progress note treatment plan does state a 30-day clinical trial. The progress notes do not contain evidence of a 30-day clinical multi-stim trial. There are no short and long-term goals documented in the medical record. Neuromuscular electrical stimulation (NMES devices) is not recommended. Consequently, absent clinical documentation of a 30-day clinical trial, multi-stimulator unit to the knee is not medically necessary.