

Case Number:	CM15-0120813		
Date Assigned:	07/01/2015	Date of Injury:	07/07/2006
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

This is a 58 year old female with a July 7, 2006 date of injury. A progress note dated June 2, 2015 documents subjective complaints (left knee pain increased in the medial and lateral compartments with new onset of bilateral proximal calf pain with retrograde referral to the bilateral hips and lumbar spine; left lower extremity fatigue and lower back pain with walking for more than fifteen minutes), objective findings (positive straight leg raise on the left; single leg squat limited of the left; palpable tenderness if the medial joint line; positive patellofemoral compression test; retinaculum tenderness to palpation), and current diagnoses (lumbar spondylosis without myelopathy; thoracic/lumbar radiculitis/neuritis; acquired spondylolisthesis; tear of lateral cartilage/meniscus; degenerative joint disease of the knee). Treatments to date have included unloader brace that was not particularly helpful, medications, and a transcutaneous electrical nerve stimulator unit. Treatment to date has also consisted of acupuncture and physical therapy in 2010. The injured worker is status post left knee revision surgery in 2010. The treating physician documented a plan of care that included physical therapy and acupuncture for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee, twice a week for four weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker is status post left knee surgery in 2010 and physical therapy was completed at that time. The injured worker has presented with increased left knee pain and the request for a course of physical therapy treatment is supported at this juncture. It is noted that the injured worker has not responded to bracing of the knee. The request for Physical Therapy for the left knee, twice a week for four weeks is medically necessary and appropriate.

Acupuncture for the left knee, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines state that acupuncture treatments may be extended if functional improvement is documented. The medical records note that the injured worker has undergone prior acupuncture treatments. However, the medical records do not establish evidence of objective functional improvement from past acupuncture sessions to support the request for additional treatments. In addition, physical therapy has also been requested and has been deemed necessary. The request for acupuncture and physical therapy treatment to be provided simultaneously is not supported. The request for Acupuncture for the left knee, twice a week for four weeks is not medically necessary and appropriate.