MAXIMUS Federal Services

Case Number:	CM15-0121774		
Date Assigned:	07/02/2015	Date of Injury:	11/08/2012
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

This is a 44 year old male with a November 8, 2012 date of injury. A progress note dated May 5, 2015 documents subjective complaints (slight intermittent to occasional pain in the left knee with light occasional inflammation; pain radiates to the thigh at times; frequent severe pain and stiffness at the right hip, greater at the posterior part; slight soreness in the right elbow; slight occasional soreness and tenderness at the umbilicus; slight tenderness of the scar where the mesh was placed), objective findings (deep pain in the left knee with squatting), and current diagnoses (left knee strain; right lateral hip strain; right elbow strain, resolving). Treatments to date have included therapy, medications, left knee surgery, and umbilical hernia repair. The treating physician documented a plan of care that included physical therapy for the left knee and right hip, acupuncture for the left knee and right hip, and a transcutaneous electrical nerve stimulator unit.

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 and right hip 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 4/30/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain.

Decision rationale: Guidelines recommend 9-10 physical therapy visits for unspecific pain. In this case, the patient has already been authorized for 9 visits. The request for physical therapy 3x/week for 4 weeks exceeds guideline recommendations and is not medically appropriate and necessary.

Acupuncture treatment for the left knee and right hip 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines recommend 3 to 6 visits of acupuncture to produce functional improvement. In this case, the request exceeds guideline recommendations unless functional improvement is documented, which it is not in this case. The request for acupuncture of the left knee and right hip 2x/week for 6 weeks is not medically appropriate and necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 4/30/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain.

Decision rationale: Guidelines do not recommend TENS as a primary treatment modality, but a one month home based TENS 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 request for purchase of a TENS unit is not medically appropriate and necessary.