MAXIMUS Federal Services

Case Number:	CM15-0122576		
Date Assigned:	07/06/2015	Date of Injury:	11/06/2013
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on 11/6/13. He has reported initial complaints of a fall with severe pain in the right leg. The diagnoses have included right knee pain status post -operative fixation of anterior cruciate ligament (ACL) rupture, lateral meniscus tear and fracture of the posterolateral tibia. Treatment to date has included medications, activity modifications, ice, surgery and physical therapy. Currently, as per the physician progress note dated 5/20/15, the injured worker complains of right knee pain rated 6/10 on pain scale with tingling sensation in the right knee. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee. The physical exam reveals a well-healed scar on the right knee. There is tenderness over the right knee, there is extensor lag on the right knee compared to the left, and the right knee flexion is 90 -100 degrees. The current medications included Norco and Voltaren gel. There are no previous therapy sessions noted and there are no previous urine drug screen reports noted. The physician requested treatments included Trial Acupuncture 2 times a week for 4 weeks and Voltaren gel 200gm times 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case, utilization review has modified the request to 6 treatments to allow for provision of objective evidence of functional improvement prior to consideration of additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, the modification appears reasonable and therefore the request as initially written is not considered medically necessary.

Voltaren gel 200gm times 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. In this case, a trial of Voltaren gel is appropriate given the likelihood of a component of degenerative disease in the knee given the history of injury and surgery. If there is no evidence of functional improvement while using the topical Voltaren, it should be discontinued, but a trial is considered medically necessary.