MAXIMUS Federal Services

Case Number:	CM15-0123839		
Date Assigned:	08/03/2015	Date of Injury:	05/09/1965
Decision Date:	09/23/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 50 year old male who sustained an industrial injury on 04-08-2014. Current diagnoses include degenerative osteoarthritis-knee, lumbar sprain, knee derangement, and low back pain. Previous treatments included medications, acupuncture, and physical therapy. Previous diagnostic studies included a lumbar spine, right knee, and left knee MRI, left knee x-ray, and urine toxicolgy screening. Initial injuries included the neck, back, and knees due to continuous trauma. Report dated 05-27-2015 noted that the injured worker presented with complaints that included pain in the lumbar spine and bilateral knee. Pain level was 5 (lumbar spine) and 6 (bilateral knee) out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation in the lumbar spine, tenderness to palpation in the bilateral knee medial and lateral, and positive click. Some of the physical examination was hard to decipher. The treatment plan included requests for a cane, continue physical therapy, request for acupuncture, continue medications, and follow up in 6 weeks. The injured worker is temporarily totally disabled. Physical therapy report dated 06-22-2015 indicates that the injured worker has completed 15 sessions of physical therapy, noting that the injured worker has demonstrated improvement but continues to have functional limitations and is not progressing with physical therapy. Also, documentation supports that the injured worker has received some acupuncture treatments, but the number of visits were not included, nor was there any progress notes submitted from these visits. Medical records also support that the injured worker has been prescribed Voltaren XR since at least 02/04/2015. Disputed treatments include Voltaren XR, 8 physical therapy visits, and 8 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Volatern XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren XR), NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: MTUS Guidelines are generally not supportive of the long term use of anti-inflammatories for chronic pain. The Guidelines recommend the lowest possible dose for the shortest amount of time. There is no evidence that this anti-inflammatory has been beneficial as there is no reported relief or functional benefits from the medication to justify extending its use. Under these circumstances, the Voltaren XR 100mg #60 is not supported by Guidelines for continued use. It is not medically necessary.

8 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

Decision rationale: MTUS Guidelines consider up to 10 sessions of physical therapy guided sessions as adequate for these musculoskeletal conditions. After that amount of sessions there is a reasonable expectation of a matured home exercise program and instruction in self protective behaviors. This individual has had 15 sessions of therapy without lasting relief or significant changes. The request for another 8 physical therapy sessions vastly exceeds Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The 8 physical therapy visits are not medically necessary.

8 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines are very specific in stating that 3-6 sessions of acupuncture are adequate for most conditions. Any additional sessions should be supported by lasting pain relief and improvements in functioning and diminished reliance on other treatments. These Guideline standards have not been met with the prior acupuncture sessions and additional acupuncture treatments are not supported by Guidelines. The request for 8 acupuncture sessions is not medically necessary.