

Case Number:	CM15-0126196		
Date Assigned:	07/10/2015	Date of Injury:	03/21/2013
Decision Date:	08/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, 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:

The injured worker was a 37-year-old male, who sustained an industrial injury, March 21, 2013. The injured worker previously received the following treatments right knee MRI, physical therapy, random toxicology laboratory studies, physiotherapy, topical compound creams, shockwave therapy, Naproxen, right knee brace, cervical spine MRI, right knee x-ray was negative study, skull x-ray and acupuncture. The injured worker was diagnosed with right knee internal derangement, discogenic spondylosis of C5-C6, flattening of sagittal cervical curve and anterior shift of cervical gravity line. According to progress note of April 21, 2015, the injured worker's chief complaint was right knee pain. The right knee pain was aggravated by bending and standing. According to the progress note there was a scheduled right knee MRI, on April 23, 2015. The physical exam noted the right knee with good range of motion. There was tenderness of the patella. The treatment plan included chiropractic therapy for the right knee, urinalysis for toxicology and acupuncture for the right knee. The patient had received 10 acupuncture sessions for this injury. Per note, dated 6/16/15 patient had complaints of right knee pain. Patient has received an unspecified number of PT visits for this injury. Physical examination of the right knee on 3/12/15 revealed tenderness on palpation. The patient has had urine drug screen test on 5/25/13 that was negative for medication. The medication list includes Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x4, for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

Decision rationale: Request Chiropractic therapy 2x4, for the right knee. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cited guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received an unspecified number of PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous conservative therapy visits that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic therapy 2x4, for the right knee is not fully established for this patient.

Urinalysis for Toxicology x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43, Drug testing, Official Disability Guidelines (ODG), Treatment Index, Pain (updated 07/15/15), Urine drug testing (UDT).

Decision rationale: Urinalysis for Toxicology x1 Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.

The medication list includes Naproxen. Any opioid medications or other controlled substances were not listed in the patient's medication list, in the records provided. The patient has had a urine drug screen test on 5/25/13 that was negative for medications. Any history of substance abuse or a high risk for abusing controlled substances was not specified in the records provided. The medical necessity of the request for Urinalysis for Toxicology x1 is not fully established in this patient.

Acupuncture 1x4, for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 1x4, for the right knee. MTUS Guidelines Acupuncture Medical Treatment Guidelines9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state "that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. The patient had received 10 acupuncture sessions for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity, of Acupuncture 1x4, for the right knee is not fully established.