

Case Number:	CM15-0129366		
Date Assigned:	07/15/2015	Date of Injury:	12/09/2012
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/03/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 12/9/2012. The mechanism of injury is a fall. The injured worker was diagnosed as having left knee sprain/strain, lumbosacral radiculopathy, lumbosacral sprain/strain, myofascial pain syndrome and lumbar disc degeneration. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, TENS (transcutaneous electrical nerve stimulation), epidural steroid injection, physical therapy, chiropractic care and medication management. In a progress note dated 6/24/2015, the injured worker complains of left knee and low back pain. Physical examination showed lumbosacral tenderness with a positive straight leg raise test and left knee tenderness. The treating physician is requesting 6 sessions of acupuncture to the left knee and lumbar area, infrared to the left knee and lumbar area and myofascial release to the left knee and lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks to the left knee and lumbar area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. This request is not medically necessary.

Infrared to the left knee and lumbar area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/15/15) Infrared therapy (IR).

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised or passive rather than independent rehabilitation. This request is not medically necessary.

Myofascial release left knee and lumbar area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment, which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.