MAXIMUS Federal Services

Case Number:	CM15-0170511		
Date Assigned:	09/11/2015	Date of Injury:	01/18/2013
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/29/2015

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: 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 46 year old female, who sustained an industrial injury on January 18, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having left ankle internal derangement, right knee musculoligamentous injury, and lumbar spine musculoligamentous injury. Medical records (January 27, 2015 to July 15, 2015) indicate continued constant, sharp and stabbing left ankle pain, which increases with prolonged activity. Any walking without her brace and barefoot causes severe pain for days. Also indicated were a right knee compensatory injury due to limping and excess weight bearing due to her left ankle injury and a lumbar spine compensatory injury due to limping. Per the treating physician (January 27, 2015 to July 15, 2015 reports), the injured worker may continue to work without restrictions. The physical exam (January 27, 2015 to July 15, 2015) reveals continued bilateral paravertebral musculature spasms of the thoracolumbar spine and lumbar flexion of 90 degrees, extension of 30 degrees, right and left lateral flexion of 35 degrees, and right and left rotation of 35 degrees. There were continued deep tendon reflexes of 2+ and within normal limits sensory evaluation of the bilateral lower extremities. There was continued right knee flexion of 135 degrees and extension of 180 degrees, left knee flexion of 140 degrees and extension of 180 degrees, tenderness of the bilateral knee lateral joint lines and superior aspect of the patella, and a posterior left heel-and-toe walk. A MRI of the right knee on February 10, 2014 and a MRI of the left knee on October 1, 2014 revealed degenerative arthritic changes with marginal osteophytes and spike in the tibial spine, swelling of the medial joint, fluid extending into the recess of the subtalar bursa of both

knees. On October 1, 2014, a MRI of the left ankle revealed tenosynovitis of the tibialis posterior tendon and small effusion of the tibiotalar, talofibular, and subtalar joints. Treatment has included: acupuncture, a home exercise program, a stirrup ankle-foot orthosis (AFO) brace, and unspecified medication. On July 15, 2015, the requested treatments included permanent and stationary evaluation with MMI (Maximum Medical Improvement) evaluation on next office visit, with 6 hours or record review and 12 sessions of acupuncture for bilateral knees and ankles. On August 5, 2015, the original utilization review non-certified requests for permanent and stationary MMI (Maximum Medical Improvement) evaluation on next office visit, with 6 hours or record review and 12 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent and Stationary MMI (Maximum Medical Improvement) evaluation on next office visit, with 6 hrs or record review: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Per the California Labor Code, it is the responsibility of the primary treating physician to perform a Permanent & Stationary or Maximal Medical Improvement report if deemed qualified under the provision of the OMFS fee schedule. Submitted reports have not identified or specified extenuating circumstances to support for the request. It is also unclear why an MMI report is planned when there is a current request for active treatment for Acupuncture 12 sessions. Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome. The Permanent and Stationary MMI (Maximum Medical Improvement) evaluation on next office visit, with 6 hrs or record review is not medically necessary and appropriate.

Acupuncture, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal

neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture, 12 sessions is not medically necessary and appropriate.