

Case Number:	CM15-0175254		
Date Assigned:	09/16/2015	Date of Injury:	03/22/2011
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of March 22, 2011. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve requests for acupuncture, a sleep study, weight bearing x-rays of the knee, and 8 session of acupuncture. The claims administrator referenced a July 27, 2015 office visit in its determination. The claims administrator stated that its decision was based on a variety of MTUS and non-MTUS Guidelines but did not incorporate the text of the same into its report or rationale. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported ongoing complaints of low back, neck, hip, upper extremity, knee, and hand pain. The applicant had also reported ancillary complaints of upper extremity paresthesias. The applicant stated that his pain complaints were getting progressively worse over time. Lifting, pushing, pulling, and sleeping remained problematic, it was reported. Permanent work restrictions were renewed. The applicant had undergone earlier failed cervical spine surgery, it was reported. X-rays of the bilateral knees was sought on the grounds that the applicant's knee pain complaints had worsened over time. Crepitation about the knees was noted. The applicant had derivative complaints of anxiety, it was acknowledged. MRI imaging of the shoulder, sleep studies, tramadol, baclofen, and ketoprofen were endorsed. It was not exclusively stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. In an earlier note dated June 15, 2015, it was acknowledged that the applicant was not working. 8-9/10 pain complaints were noted. The applicant's knee pain

complaints were worsening over time, it was acknowledged. The applicant was described as carrying a diagnosis of early degenerative changes noted about the knees. Tramadol, Flexeril, acupuncture, and permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said permanent limitations in place. On April 27, 2015, the applicant was placed off of work, on total temporary disability, while tramadol, ketoprofen, and baclofen were renewed. 8/10 pain complaints were noted. The applicant acknowledged that he was unimproved. The remainder of the file was surveyed. It did not appear that the applicant had any documented knee x-rays on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy x 8 visits for the cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request for 8 sessions of acupuncture for the cervical spine was not medically necessary, medically appropriate, or indicated here. The request was framed as an extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there was no such evidence of functional improvement as defined in section 9792.20e. The applicant was not working, it was reported on multiple office visits, referenced above. Permanent work restrictions were renewed, unchanged, on office visits of July 27, 2015 and June 15, 2015. The applicant was not working with said limitations in place, it was acknowledged on June 15, 2015. 8-10/10 pain complaints were reported. Activities of daily living as basic as pushing, pulling, lifting, and gripping remained problematic; it was reported on multiple occasions. The applicant remained dependent on a variety of analgesic medications to include opioids such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request is not medically necessary.

Weight bearing X-rays of the bilateral knees: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, page 485-486.

Decision rationale: Conversely, the request for x-rays of the bilateral knees was medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of x-rays of the knees for knee arthritis, i.e., the operating diagnosis here. As noted in the Third

Edition ACOEM Guidelines Knee Disorders Chapter, x-ray imaging is considered the test of choice for evaluating applicants with suspected knee osteoarthritis. ACOEM also notes that it is reasonable to obtain a second set of x-rays in applicants whose knee symptoms progress, deteriorate, and/or worsen. Here, the attending provider did report on office visits of June 15, 2015 and June 27, 2015 that the applicant's knee pain complaints secondary to knee arthritis had seemingly deteriorated over time. Obtaining x-ray imaging to further evaluate the same was, thus, indicated. Therefore, the request was medically necessary.