MAXIMUS Federal Services

Case Number:	CM15-0179207		
Date Assigned:	09/21/2015	Date of Injury:	01/16/2009
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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 42 year old male who sustained an industrial fall injury on 01-16-2009. The injured worker was diagnosed with low back pain, knee pain and carpal tunnel syndrome. The injured worker is status post left knee arthroscopy in 2006, right knee arthroscopy in 2012 and bilateral carpal tunnel release in 2013. According to the treating physician's progress report on August 6, 2015, the injured worker continues to experience low back pain, bilateral wrist pain and bilateral knee pain. The injured worker rates his pain without medications at 9 out of 10 and 6 out of 10 on the pain scale with medications. Evaluation demonstrated a wide based gait without the use of assistive devices. The injured worker is noted to be overweight with a documented body mass index of 51.3. Examination of the lumbar spine noted restricted range of motion with flexion at 75 degrees and extension at 10 degrees. There was tenderness to palpation of the paravertebral muscles and tight muscle band bilaterally. Heel and toe walk was normal with negative Gaenslen's, piriformis stretch, straight leg raise and lumbar facet loading tests bilaterally. Both knees were noted to have restricted range of motion with flexion limited to 100 degrees due to pain and normal extension. Crepitus was present with active movement. Tenderness to palpation was documented over the lateral and medial joint lines with mild effusion in both knee joints. Motor strength was limited by pain with light touch sensation patchy in distribution and normal deep tendon reflexes bilaterally. The injured worker is working full time. Prior treatments documented to date have included diagnostic testing, physical therapy, acupuncture therapy in 2010, transcutaneous electrical nerve stimulation (TEN's) unit and medications. Current medications were listed as Norco 10mg-325mg, Voltaren gel, Gabapentin,

Hydrocodone 10mg-325mg and Naproxen. Treatment plan consists of continuing medication regimen and the current request on 08-06-15 by the provider for acupuncture therapy times 6 sessions and knee unloader brace freestyle with fitting. The Utilization Review determined the request for acupuncture therapy times 6 sessions and knee unloader brace freestyle with fitting was not medically necessary on 08-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. In this case, the injured worker received a course of acupuncture treatment in 2010 with documented mild pain relief but there was no mention of functional improvement. Therefore, the request for 6 acupuncture visits is determined to not be medically necessary.

Knee unloader brace freestyle with fitting: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Unloader braces.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Unloader Braces for the Knee Section.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In this case, the physical exam revealed that both knees were noted to have restricted range of motion with flexion limited to 100 degrees due to pain. There was normal extension. Crepitus was present with active movement. Tenderness to palpation was documented over the lateral and medial joint lines with mild effusion in both knee joints. Motor strength was limited by pain with light touch sensation patchy in distribution and normal deep tendon reflexes bilaterally. The injured worker is working full time. The use of an unloader brace is recommended by the ODG specifically for osteoarthritis. Although it is documented that the injured worker has had bilateral knee MRIs, there are no results available for review. There is no clear indication that the injured worker suffers from osteoarthritis of the knees, therefore, the request for knee unloader brace freestyle with fitting is determined to not be medically necessary.