

Case Number:	CM15-0063053		
Date Assigned:	04/08/2015	Date of Injury:	03/24/2011
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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 57 year old male patient who sustained an industrial injury on 03/19/2015. Prior diagnostic testing to include: magnetic resonance imaging. A primary treating office visit dated 09/29/2014 reported subjective complaint of left knee pain and swelling over the past few days. The following diagnoses are applied: left knee internal derangement; degenerative joint disease, effusion, tendinitis quadriceps; status post left knee arthroscopy; low back pain with degenerative disc disease and disc herniations; cervical strain with disc herniations and degenerative disc disease; radiculitis; impingement syndrome left shoulder; left shoulder rotator cuff tendinitis; rule out bilateral wrist carpal tunnel syndrome; bilateral wrist sprain; left ankle sprain, arthrosis, and rule out left ankle impingement syndrome. The plan of care involved: treatment of an acute exacerbation of left knee injury from overuse.

Recommendation for radiography study, and magnetic resonance imaging, physical therapy, and medication refills of Diclofenac, and Omeprazole. The patient is permanent and stationary. A primary office visit dated 02/27/2015 reported subjective complaint of left shoulder pain that has somewhat improved. He states he has increasing pain and does get some relief from pain medications. He also has ankle pain. He did see a podiatrist for orthotics which are offering some pain relief. The patient is requesting his department of Motor Vehicle handicap parking permit. The following diagnoses are applied: left knee internal derangement; degenerative joint disease; effusion; tendinitis quadriceps; status post left knee arthroscopy; low back pain with degenerative disc disease and disc herniations; cervical strain with disc herniations and degenerative disc disease; radiculitis; impingement syndrome left shoulder; left shoulder rotator

cuff tendinitis; rule out bilateral wrist carpal tunnel syndrome; bilateral wrist sprain; left ankle sprain arthrosis; and rule out ankle impingement syndrome. The plan of care involved: refilling medications and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the low back quantity 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, there is documentation of low back pain. But the requested number of 18 PT sessions is in excess of guidelines. Therefore, modification is appropriate but is beyond the scope of the IMR process. The physical therapy as originally requested is not medically necessary.

Acupuncture to the low back quantity 18:00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested acupuncture is not medically necessary.

