MAXIMUS Federal Services

Case Number:	CM15-0071544		
Date Assigned:	04/21/2015	Date of Injury:	03/10/2004
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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 60-year-old who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of March 10, 2004. In a Utilization Review report dated March 20, 2015, the claims administrator partially approved request for 12 sessions of acupuncture as three sessions of the same. Genicin (glucosamine) was denied. A RFA form received on March 15, 2015 and an associated progress note of February 4, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 18, 2015, acupuncture, tramadol, glucosamine, and several topical compounded medications were endorsed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Viscosupplementation injection therapy was proposed for the applicant's bilateral knee arthritis, left greater than right. In an earlier progress note dated February 4, 2015, handwritten, difficult to follow, not entirely legible, the attending provider suggested that the applicant continue acupuncture and chiropractic manipulative therapy. Glucosamine was endorsed at that point in time. Once again, the applicant was given work restrictions which were seemingly resulting in his removal from the workplace. The restrictions were unchanged when contrasted with the subsequent restrictions of March 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question did in fact represent a renewal request or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments can be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no clear or compelling evidence of functional improvement as defined in section 9792.20f. The applicant's work restrictions were unchanged on progress notes of February 4, 2015 and March 18, 2015. The applicant remained dependent on topical compounds, viscosupplementation injections, and other forms of medical treatment. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.

Genicin 500mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Glucosamine/Chondroitin (for knee arthritis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Conversely, the request for Genicin (glucosamine) was medically necessary, medically appropriate, and indicated here. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option in the treatment of arthritis and, in particular, knee arthritis. Here, the applicant was described as having advanced left knee arthritis. Ongoing use of glucosamine was indicated, given its low risk, as suggested on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.