MAXIMUS Federal Services

Case Number:	CM14-0142574		
Date Assigned:	09/10/2014	Date of Injury:	05/26/2001
Decision Date:	10/06/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old female nurse assistant with a date of injury on 05/26/2001. She was securing a patient back into a chair. The patient scooted her Geri-chair and the wheel of the chair rolled over the patient's right foot. She had immediate right foot and ankle pain. The next day she had x-rays of both feet and ankles that were negative. In 07/2001 she was back at work and injured her hands and wrists while helping a patient bathe. On 04/25/2002 she re-injured her hands and wrists again while bathing a patient. She last worked in 06/2002. On 07/05/2002 she had right De Quervain's and right wrist surgery. On 03/15/2003 a MRI of the right ankle revealed a 2 mm cyst in the talus. On 05/16/2003 it was noted that she was treated with acupuncture. On 09/29/2003 a MRI of the right wrist was unchanged; there was an old fracture of the distal ulna with a displaced styloid process and cyst formation. On 11/05/2003 she had right ankle surgery. In 01/21/2004 she had right foot surgery, bunionectomy and McBride procedure. On 08/25/2004 MRI of the left knee revealed a mild contusion, pre-patella bursitis. In 2005 she had Synvisc injections to knees. On 06/01/2005 she was P&S. On 08/15/2006 she was again P&S. On 10/31/2007 the motor, sensory and reflex examinations of both upper extremities were normal. She ambulated using a cane. She had mild crepitus of both knees. Her knee range of motion during the routine exam when other body parts were examined was greater than on formal knee testing. Motor, sensory and reflex examination of the lower extremities were normal. It was noted that day that the patient had "a higher level of subjective complaints than would be expected given the objective findings." Also noted that she did not have any residual knee injury from falling. On 06/27/2009 she had right knee surgery. On 09/26/2009 she had left knee surgery. On 10/08/2012 a MRI revealed a medial meniscus tear. On 01/13/2014 she stated that she fell a week ago and the day before when her knees gave way. On 03/04/2014 she had osteoarthritis and bilateral knee pain. She was a candidate for a total knee replacement. On

07/09/2014 12 sessions of acupuncture and hydrocodone/APAP 10/325 #120 tablets were approved. On 09/04/2014 another 120 tablets of hydrocodone/APAP 10/325 were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient has had multiple courses of acupuncture. Most recently, 12 visits were approved and then this present request for an additional 12 visits was submitted. The acupuncture medical treatment guidelines note that 3 to 6 visits should be initially approved - in this case 12 were recently approved - and for continued acupuncture treatment there must be objective documentation of improvement by 3 to 6 visits. She had more than 6 treatment visits with no documentation of improvement in function. There was no documentation of functional improvement and in fact she is worse. She is now a candidate for knee replacement. Continued acupuncture is not consistent with the acupuncture treatment guidelines. Therefore, the request is not medically necessary.

Hydrocodone / APAP 10/320mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Hydrocodone / Acetaminophen (Norco), Opioids, Criteria for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS notes that because of the side effects and potential for abuse, the use opioids should be closely monitored. The patient has been treated with opioids long term. MTUS notes that opioids should be discontinued "if there is no overall improvement in function, unless there are extenuating circumstances." Also, opioids should be discontinued if there is a decrease in function. There has been no documentation of improvement in this patient with the use of opioids - decreased pain or improved function. Actually, she is worse and is not a candidate for total knee replacement. There was a partial approval of the hydrocodone for the purpose of weaning her from opioids. Therefore, the request is not medically necessary.