MAXIMUS Federal Services

Case Number:	CM15-0125906		
Date Assigned:	07/10/2015	Date of Injury:	10/31/2014
Decision Date:	10/02/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 32 year old male, who sustained an industrial injury on 10/31/14. He reported injury to his left knee after slipping on a plastic bag and falling to the ground hyper-extending his knee. The injured worker was diagnosed as having left knee sprain/strain with (ACL) Anterior Cruciate Ligament tear, gastritis due to medications, sleep disturbance and lumbar spine, left middle finger and right shoulder sprain. Treatment to date has included physical therapy and activity restrictions (documentation of other previous treatment is not documented). (MRI) magnetic resonance imaging of the left knee performed on 10/31/14 revealed tear of (ACL) Anterior Cruciate Ligament. Currently on 5/20/15, the injured worker complains of left knee pain rated 8/10 with weakness and giving out. He is awaiting surgery for left knee surgery for (ACL) Anterior Cruciate Ligament tear. He is currently temporarily totally disabled. Physical exam on 5/20/15 noted normal gait, injured worker moves with stiffness, tenderness of left knee medial joint line and decreased range of motion of left knee. Pain and weakness are also noted with motor testing of left knee. The treatment plan and request for authorization included acupuncture 2 times a week for 6 weeks for the post-op knee, Naproxen 550mg #60, Prilosec 20mg #30 and FMCC with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): 8-9.

Decision rationale: CA MTUS guidelines recommend acupuncture as an option when pain medication is not tolerated or reduced. It may be used with physical rehabilitation and surgical intervention to hasten functional recovery. It may be used to reduce pain and inflammation, increase circulation and range of motion and reduce muscle spasm and medication induced nausea. 3 to 6 treatments are allowed to produce functional improvement, at 1-3 times a week for 1-2 months. The request for acupuncture exceeds the recommended guidelines. Therefore, the request for acupuncture 2 times a week for 6 weeks is not medically necessary.

FMCC (Unspecified abbreviation of acronym) with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The request was for FMCC which was not defined; within the records it was found that FMCC is flurbiprofen, menthol, capsaicin, and camphor as a compounded topical product. Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Additionally, the treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary.