

Case Number:	CM13-0072313		
Date Assigned:	01/08/2014	Date of Injury:	10/20/2009
Decision Date:	06/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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 62 year old male who was injured on 10/20/2009 while he was walking to his work truck. His left knee buckled causing him to fall. As a result, he hurt his low back, both knees and right hip. Prior treatment history has included physical therapy; Hyalgan injection. The patient underwent an arthroscopy of the left knee with partial medial meniscectomy on 01/23/2010. Diagnostic studies reviewed include MRI of the lumbar spine dated 08/26/2010 shows a 2-mm posterior disc protrusion at L3-L4. The neural foramina appear patent. There is no evidence of spinal stenosis. MRI of the left knee dated 12/11/2009 demonstrates a complex tear of the posterior horn and body of the medial meniscus with mild extrusion of the medial meniscal body causing mild bowing of the medial collateral ligament; mild thickening and edema of the proximal medial collateral ligament complex suggesting a low-grade medial collateral ligament sprain; mild chondral thinning at the medial femorotibial compartment with area of chondral fissuring and prominent subchondral cystic changes in the medial femoral condyle; mild chondral thinning at the weightbearing surface of the lateral femorotibial compartment; mild chondral thinning at the patellofemoral compartment with areas of superficial chondral fissuring at the patellar apex and lateral patellar facet; large joint effusion; and mild tendinosis of the distal patellar tendon, adjacent to the tibial tubercle. PR2 dated 11/13/2013 states the patient presents with complaints of lumbar spine pain with myospasm and left ankle and left knee pain. Objective findings on exam revealed lumbar spine range of motion is limited with pain. Left knee range of motion is limited pain and left ankle range of motion has pain. Diagnoses are lumbar disc herniation with myelopathy, left knee sprain/strain, internal derangement of the left knee and left ankle pain. The treatment plan includes medication, a knee brace, acupuncture, and CMT/physiotherapy. According to initial pain management consultation and request of authorization note dated 08/26/2013, the patient presented with complaints

moderate to severe lower back pain associated with severe muscle spasms and progressive limited range of motion to the lumbar spine. The patient describes the pain at an 8/10 most of the time with flare-ups reaching up to an 8/10. The pain gets worse towards the end of the day and while attempting to climb stairs, prolonged walking and performing home exercise program. He further notes pain radiating to bilateral legs associated with numbness and tingling as well as weakness increasing in severity and intensity in recent weeks. He reports difficulty performing sexual activities due to lumbar spasms. He states the pain is over his right buttock radiating to the posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity. On examination of the lumbar spine, he has a normal gait. He is able to walk on heels and toes with difficulty due to bilateral hip pain. There is straightening of the lumbar lordosis. There is tenderness to L4-5 and L5-S1 and bilateral lumbar paravertebral muscles spasm. There is marked stiffness of the bilateral hips and knees. There is low back pain throughout the arc of motion. There is severe myofascial pain that was reproduced on deep palpation of the lumbar paraspinal and pain over the spinous processes of L4-5 and L5-S1 were severe guarding. Straight leg raise is severely positive in bilateral legs, starting at a 25 degree angle with reproduction of sharp shooting pain matching dermatomal distribution at the level L4-5 and L5-S1; in both the seated and supine positions. Motor strength in quadriceps is 4/5 bilaterally; hamstrings are 4/5 bilaterally; gastrocsoleus is 4/5 bilaterally; and ankle Dorsiflexors is 4/5 bilaterally. Reflexes are 2+ bilaterally in the knees and ankles. Patrick Fabere test is positive bilaterally; Trendelenburg test is positive bil

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS guidelines, Acupuncture Medical Treatment is recommended as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records document the patient was diagnosed with lumbar disc herniation with myelopathy, left knee sprain/strain, and internal derangement left knee. The patient underwent left knee arthroscopy for partial medial meniscectomy, several sessions of PT and hyaluronic intrarticular injection. In the absence of documented significant improvement of pain and function and since the patient is not currently involved in physical therapy or any surgical intervention, the request for Acupunture is not medically necessary.

PHYSICAL THERAPY/CMT X 8 LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS guidelines, physical medicine is recommended as a modality of treatment which is very important in reducing swelling, decreasing pain, and improving range of motion. The medical records document the patient was diagnosed with lumbar disc herniation with myelopathy, left knee sprain/strain, and internal derangement left knee. The patient underwent left knee arthroscopy for partial medial meniscectomy, several sessions of PT and hyaluronic intrarticular injection. There is absence of documented significant improvement of pain and function. Further, the prior review mentioned that the patient had received 20 sessions of physical therapy which exceeds the total number of visits recommended by the guidelines of 12 sessions. Therefore, the request for Physical Therapy is not medically necessary.