

<b>Case Number:</b>	CM14-0000640		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational 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 an employee of [REDACTED], [REDACTED], and has submitted a claim for recent arthroscopic meniscectomy and debridement of left knee associated with an industrial injury date of 02/26/2012. Treatment to date has included operative arthroscopy, partial lateral meniscectomy, extensive synovectomy and chondroplasty of the left knee on 11/11/2013, physical therapy, acupuncture, interferential unit, and oral medications. Medical records from 2013 were reviewed showing that patient has been experiencing chronic left knee pain associated with buckling. The pain improved after she had acupuncture and physical therapy sessions. Current medications include Ultram, Prilosec, and Medrox ointment. Physical examination showed some swelling at the left knee. Range of motion was within normal limits. There was tenderness at both, the medial and lateral patellar facets. Medial McMurray test was positive at left. Motor strength, sensory, reflexes and vascular exam were normal. X-ray of the left knee, dated 05/10/2012, was unremarkable. MRI of the left knee, dated 01/23/2013, showed oblique tear to the posterior horn of the medial meniscus extending to the inferior articular surface. Tricompartmental osteoarthritic change was manifested by joint space narrowing and osteophyte formation. Current treatment plan includes a contemplated knee surgery after the patient was medically cleared from hypothyroidism.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy 2 times a week for 3 weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. In this case, the patient already had at least 12 treatment sessions to date. Objective findings for the left knee showed swelling and tenderness, however, range of motion and motor strength were both normal. The patient should be well-versed in independent exercises by now. Moreover, there was no documentation stating the functional improvements that the patient has gained from her previous therapy sessions. Therefore, the request for additional physical therapy 2 x 3 for the left knee is not medically necessary and appropriate.

**Post-operative Acupuncture 3 times a week for 4 weeks for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As stated in pages 8-9 of CA MTUS Acupuncture Medical Treatment Guidelines, Acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation or to hasten functional recovery. It can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, the patient was noted to have had 48 sessions of acupuncture from 06/29/2012 to 09/26/2013. There was no documentation stating the pain reduction (i.e. decrease in pain scale), and functional improvement (i.e. specific activities of daily living) associated with the use of acupuncture. Therefore, the request for continued acupuncture 3 x 4 for the left knee is not medically necessary and appropriate.