

<b>Case Number:</b>	CM14-0005269		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 record notes a 46-year-old female with a date of injury of July 19, 2012. The mechanism of injury reported was a fall, sustaining a patella fracture of the left knee. An MRI from July 2013 references an inferior surface tear of the posterior horn of the medial meniscus. The claimant underwent physical therapy. A physical therapy progress note evidences slightly decreased, but functional, range of motion on the left, compared to the right in November 2013. A December 2013 progress note reports pain. The ranges from 3-7/10 on the VAS. No mechanical symptoms are noted. An antalgic gait is present. A patella grind test is positive in a positive McMurray's is noted. Exquisite tenderness is reported over the body in the posterior horn of the medial meniscus. The diagnosis was a medial meniscus tear of the left knee. At that time 10 sessions of physical therapy had been completed between July and August 2013. The medical record references a concurrent diagnosis of C RPS for which the claimant has also undergone treatment. A discussion of an arthroscopic procedure with partial medial meniscectomy is also noted in the medical record, with a notation in the January progress note that this is to be considered when the C RPS symptoms are controlled. A prior review of this request resulted in a recommendation for non-certification on December 31, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY FOR THE LEFT KNEE THREE TIMES PER WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg (Acute and Chronic) (updated 06/05/14) - Corticosteroid Injection.

**Decision rationale:** CA MTUS and ACOEM recommend physical medicine therapies in select clinical settings of chronic knee pain syndromes and CRPS. When the recommended number of physical therapy sessions has been provided without objective evidence of functional gains, the guidelines do not support ongoing physical therapy in the absence of an exacerbation of symptoms in the chronic setting. The record provides no documentation of an exacerbation of symptoms. Additionally, multiple sessions of physical therapy are referenced throughout the medical record, and there is no current evidence that the claimant has obtained functional gains with the prior session provided. The claimant has exceeded the guideline recommendations for the number of physical therapy visits for the left knee, and continues to have pain. At this point, the claimant should have already been provided an appropriate home exercise program, with the physical therapy previously provided. Based on the clinical data available, this request is recommended for non-certification.

**ACUPUNCTURE FOR THE LEFT KNEE TWO TIMES PER WEEK FOR SIX WEEKS:**  
Upheld

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

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

**Decision rationale:** Treatment guidelines support the use of acupuncture in certain clinical settings of when the clinical data indicates that an appropriate course of conservative treatment has been implemented and that the acupuncture will be used in conjunction with an evidence-based functional restoration program. A review of 212, pages of medical records provides no evidence that prior acupuncture has been provided. When noting the claimant's diagnosis, date of injury, and clinical presentation including ongoing conservative, there is a clinical indication for a trial of acupuncture therapy. However, when noting that this request is for 12 sessions of physical therapy, and the guidelines support a trial of 6, after which the need for additional acupuncture would be determined by the functional gains, this request is not medically necessary.

**THREE CORTICOSTEROID INJECTIONS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Corticosteroid Injection.

**Decision rationale:** CA MTUS and ACOEM make no recommendation for the use of glucocorticosteroid injections for meniscal pathology. ODG guidelines are reviewed and recommend intra-articular corticosteroid injections for short-term use, to reduce osteoarthritic knee pain. The medical record provided indicates that the claimant has a diagnosis of a meniscus tear. The clinical findings support this diagnosis, and is also confirmed by MRI. The injury is now nearly 2 years out, and the claimant continues to have pain with physical therapy, and limited motion. The record provides no documentation of significant improvement with the prior 10 sessions of physical therapy, there is no documentation of osteoarthritis noted in the medical record, or on imaging studies available. In the absence of documentation of an osteoarthritic condition for which the short-term treatment with glucocorticosteroid injection would be warranted, a clinical indication cannot be verified. Based on the clinical data available, this request is recommended for non-certification.