

<b>Case Number:</b>	CM14-0066018		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 53 year old employee with date of injury of 10/24/2011. Medical records indicate the patient is undergoing treatment for osteoarthritis of the left knee, left knee meniscal tear and degenerative joint disease of the left knee, status-post right medial meniscectomy and anterior cruciate ligament construction; GERD and obstructive sleep apnea. Subjective complaints include sharp knee pain, particularly at night; stiffness and crepitus to the left knee in the mornings; pain in his knee is rated at a 3/10. He knee pain becomes a 10/10 with kneeling and ascending and descending stairs. Objective findings include mild antalgic gait favoring his left lower extremity. He has tenderness to palpation over the knees in multiple places. His range of motion (ROM) was full. He had lateral joint tenderness and a positive McMurray's and Valgus stress test. Treatment has consisted of physical therapy, left knee compressive brace, ice and elevation of the left lower extremity, acupuncture, Lisinopril, Metoprolol, Niaspan, Norco, Ketogel Simvastatin and ASA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times four:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Acupuncture.

**Decision rationale:** MTUS says, "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used 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." ODG states, "Recommended as options for osteoarthritis, but benefits are limited". ODG recommends an initial trial of 3 to 4 visits over two weeks. While the treating physician does document degenerative joint disease, the treating physician did not provide documentation that acupuncture would be used as an adjunct to a physical rehabilitation program, a medication reduction program, an intolerance to medication, or part of a post-surgical intervention to speed up recovery. As such, the request for Acupuncture times four is not medically necessary.

**Tens Unit for one month trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Acupuncture.

**Decision rationale:** MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." MTUS further states criteria for selection:- Documentation of pain of at least three months duration - There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary ODG states, "Recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain". ODG further states, "There is no conclusive evidence that TENS reduces knee pain or physical disability from osteoarthritis, even with years of clinical use and a plethora of clinical trials, based on a recent Cochrane Review, because the studies had poor methodological quality, inadequate reporting, and small sample size". The treating physician did not document the patient would utilize the TENS unit with other therapy, provided no documentation of other treatment trials and failures, and no documentation of short and long term treatment goals with H Wave. As such, the request for Tens Unit for one month trial is not medically necessary.

**Labs CBC, CMP ESR, TSH, RA ANA CRP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-331. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
[https://www.rheumatology.org/Practice/Clinical/Guidelines/Clinical\\_Practice\\_Guidelines/](https://www.rheumatology.org/Practice/Clinical/Guidelines/Clinical_Practice_Guidelines/).

**Decision rationale:** ACOEM Table 13-1 recommends lab work for serious knee conditions such as fracture, dislocations, septic arthritis, infected prepatellar bursitis, inflammation, tumor, and neurovascular compromise. The treating physician has provided no evidence of red flags per ACOEM guidelines, no evidence of autoimmune disorders, rheumatologic disorders, or a need for pre operative clearance for surgery. Laboratory work may be part of a physical examination but the treating physician has not provided medical documentation to support the need for these labs at this time. As such, the request for CBC, CMP ESR, TSH, RA ANA CRP is not medically necessary at this time.