

<b>Case Number:</b>	CM14-0076346		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Sports 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 injured worker is a 55-year-old male who reported an injury on 02/14/2008 while working on scaffolding and walking approximately 6 feet above the ground when his feet slipped. He fell between the planks on the scaffold backwards, landing on the ground. He fell on his back and although he did not feel any pain at the time he did note immediate onset of pain in the right knee and thigh. Diagnosis is severe osteoarthritic changes to the right knee. Past treatments have been acupuncture, physical therapy. Diagnostic studies were an x-ray of bilateral knees, standing, impression revealed degenerative changes right knee with marked medial joint space narrowing and mild spur formation medial and lateral tibial plateau and lateral femoral epicondyle. Left knee normal. No demonstrable interval change from prior MRI scans. Past surgery was right knee meniscal tear and damage repair, and right wrist surgery. An MRI arthrogram done on 10/27/2010 of the left knee revealed some multidirectional tear of the medial meniscus and probably posterior horn associated with the 1 cm small parameniscal cyst along the posterior lateral margin extending adjacent to the posterior cruciate ligament. There is also a large cystic fluid collection intermediately as described above suggesting apparent meniscal cyst and medial collateral bursitis. Physical examination on 05/06/2014 revealed complaints of right knee pain. It was reported it gradually started around 6 years ago. Pain intensity was described as moderate to severe. His last injection of the visco injection was about a week ago which the injured worker reported helped less with the pain. Flexion with the right knee was to 120 degrees, passive range was to 120 degrees, left knee flexion was to 130 degrees, passive range was to 130 degrees. Neurovascular examination was normal bilaterally. There was crepitus with movement of the right knee. Medications were metformin. Treatment plan was for acupuncture, meniscectomy of the left knee tear, lumbar brace for chronic pain. The rationale and Request for Authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the Right Knee, two (2) times a week for six (6) weeks, Acupuncture to the Lumbar Spine, two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** The decision for Acupuncture to the Right Knee, two (2) times a week for six (6) weeks, Acupuncture to the Lumbar Spine, two (2) times a week for six (6) weeks is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture 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 time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction work restrictions. Measurable gains for the injured worker were not reported from previous acupuncture treatments. Medications were not reported for the injured worker except for metformin. It was not reported that the acupuncture was to be an adjunct to a type of physical rehabilitation program such as physical therapy or home exercise. The request exceeds the recommended 3 to 6 treatments. Therefore, the request is not medically necessary.

**Meniscectomy for the Left Knee Tear:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 116, 344. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Treatment in Workers Compensation - Meniscectomy

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

**Decision rationale:** The decision for Meniscectomy for the Left Knee Tear is not medically necessary. ACOEM Guidelines state arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear, symptoms other than simply pain (locking, popping, giving way, recurrent effusion), clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion), in consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal

repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The injured worker had an MRI arthrogram of the left knee on 10/27/2010. It was not reported that the injured worker had viscosupplementation injections into the left knee. Physical therapy for the left knee was not reported. Anti-inflammatory medications were not reported. The physical examination was concentrated on the right knee. There was no diagnosis mentioned for the left knee. Treatment options were for the right knee for viscosupplementation injections and total knee replacement surgery. Therefore, the request is not medically necessary.

**Lumbar Brace for Chronic Pain Syndrome: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 138-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The decision for Lumbar Brace for Chronic Pain Syndrome is not medically necessary. The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was no physical examination of the lumbar spine reported. The injured worker's medications were not reported. Therefore, the request is not medically necessary.