

<b>Case Number:</b>	CM14-0192677		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal 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 injured worker with a history of bilateral shoulders, bilateral knees, neck, and lumbar spine injuries. The patient sustained a twisting type injury to the left knee while walking down stairs on 12/28/10. MRI magnetic resonance imaging right knee dated 05/15/14 demonstrated tear of posterior horn of medial meniscus. MRI magnetic resonance imaging right and left shoulder dated 05/14/14 demonstrated Osteoarthritis and tendinosis. MRI magnetic resonance imaging left knee dated 05/15/14 demonstrated thinning of the cartilage covering the articular surface of the medial femoral condyle and medial tibial plateau causing narrowing of the medial compartment joint space, and focal abnormal focus in the subchondral aspect of the medial femoral condyle which reflects bone contusion. Arthroscopy of the left knee with partial medial meniscectomy, synovectomy, and chondroplasty of the medial femoral condyle and under surface of the patella was performed 02/17/12. The orthopedic evaluation report dated August 25, 2014 documented complaints of bilateral knee pain and low back pain. The patient had three sessions of acupuncture, which provided him no relief. Physical examination was documented. On examination of the right knee, there was tenderness to palpation and spasms noted over the medial joint line and popliteal fossa. There was also tenderness to palpation noted over the inferior patella. Diagnoses were right knee internal derangement and right knee medial meniscal tear. Utilization review determination dated 9/4/14 documented approval of right knee arthroscopy, post-operative physical therapy, and knee brace. Right knee brace and eight treatments of acupuncture for the lumbar spine were requested for the date of service 10/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Brace Qty 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. The orthopedic evaluation report dated August 25, 2014 documented examination of the right knee, which demonstrated tenderness and spasm over the medial joint line and popliteal fossa, and tenderness over the inferior patella. Diagnoses were right knee internal derangement and right knee medial meniscal tear. Utilization review determination dated 9/4/14 documented approval of right knee arthroscopy and knee brace. Right knee brace was requested for the date of service 10/06/14. The progress report for the date of service 10/06/14 was not included in the submitted medical records. A knee brace was approved 9/4/14 and an additional knee brace was requested for the date of service 10/06/14. Without the 10/06/14 progress report, the request for an additional knee brace for the date of service 10/06/14 is not supported. Therefore, the request for Right Knee Brace Qty 1 is not medically necessary.

**Acupuncture lumbar spine Qty 8: Upheld**

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. The orthopedic evaluation report dated August 25, 2014 documented that the patient had three sessions of acupuncture, which provided him no relief. Eight treatments of acupuncture for the lumbar spine were requested for the date of service 10/06/14. The progress report for the date of service 10/06/14 was not included in the submitted medical records. Medical records document that past acupuncture treatments provided no relief. MTUS Acupuncture Medical Treatment

Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The request for 8 acupuncture treatments exceeds the guideline recommendations, without documentation of functional improvement, and is not supported. Therefore, the request for Acupuncture lumbar spine Qty 8 is not medically necessary.