

<b>Case Number:</b>	CM14-0212415		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 54-year-old female sustained a work-related injury on 1/15/2013 when she tripped in an elevator. Diagnosis includes left knee sprain and meniscectomy. Treatment included medications, pre and post-surgical physical therapy, aqua therapy, arthroscopy, and left lateral meniscectomy. PR-2 dated 11/19/14 notes the patients having constant pain and swelling, limited range of motion, and relief with medication. Range of motion is not quantified. There is minimal crepitation with range of motion, the fusion, medial joint line pain, increased range of motion, and strength is 4/5. The complaint of right knee pain is not documented on this PR-2. Work status is temporary total disability. A request was made for physical therapy two times a week for six weeks for strengthening and increased range of motion, and acupuncture two times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** MTUS postsurgical guidelines recommend postsurgical treatment of 12 visits over 12 weeks. The injured worker has been approved for 12 postsurgical visits. Based on the file presented the injured workers completed at least nine of these visits. Physical therapy note dated 11/18/14 range of motion of the left knee of 131 of flexion, and strength was 4/5, which has not changed since beginning physical therapy. It also states the patient is able to complete all exercises with minimal increase in pain. Based on the request exceeding the MTUS postsurgical guidelines recommendation 12 visits, normal range of motion of the left knee and no objective functional improvement of strength, the request for an additional 12 visits of physical therapy is not medically necessary.

**12 acupuncture sessions for the bilateral knees:** Upheld

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

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

**Decision rationale:** According to MTUS acupuncture medical treatment guidelines acupuncture is used as an option when pain medications are reduced or not tolerated and may be used as an adjunct physical rehabilitation and/or surgical intervention to hasten functional recovery. The purpose of the request for acupuncture is not specified nor why it is required for the right knee when surgery was performed on the left. There is no evidence of a reduction in medications. Patient has also reached functional recovery based on the physical therapy notes reviewed. Based on the MTUS acupuncture medical treatment guidelines and the evidence stated above the request for 12 visits of acupuncture the bilateral knees is not medically necessary.