

Case Number:	CM15-0182462		
Date Assigned:	09/23/2015	Date of Injury:	09/23/2014
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 9-23-14. The injured worker was diagnosed as having right knee internal derangement. Treatment to date has included physical therapy; status post right knee arthroscopy, menisectomy, synovectomy (3-5-15); medications. Currently, the PR-2 notes dated 8-11-15 indicated the injured worker complains of right knee pain. The provider documents the injured worker reports "complains of constant 8 out of 10 throbbing right knee pain and weakness -status post right knee surgery [arthroscopy, menisectomy, synovectomy] on 3-5-15." Objective findings are documented as: "There is healed scar and mild swelling present. The ranges of motion are decreased and painful: flexion 100 degrees -140 degrees, extension 0 degrees of 0 degrees. There is tenderness to palpation of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee and posterior knee, McMurray's is positive, antalgic gait, motor 4 out of 5 right hamstring." On this date, the provider's treatment plan included a request for additional physical therapy and acupuncture to decrease his pain-spasm and increase his range of motion and activities of daily living. He also requested a MRI with arthrogram of the right knee, EMG-NCV for the right knee and a consult for medications. A PR-2 note dated 7-7-15 indicated the injured worker was last seen on 6-23-15 and is not working. The provider documents the injured worker "finished his physical therapy, as no additional therapy has been authorized. He is doing exercises at home and occasionally using a cane. He is taking Indocin. He is still complaining of right knee pain, as well as left knee pain and low back pain. He denies any significant left knee swelling." On physical examination, the provider documents "the left knee demonstrates a minimal effusion.

There is good range of motion with mild discomfort on terminal flexion. There is slight medial and lateral joint line tenderness. Ligaments are intact. The right knee exam is essentially unchanged." He notes a diagnosis of "1) chondromalacia patella and trochlea and lateral femoral condyle, medial meniscus and lateral meniscus tears, and synovitis of the right knee-status post arthroscopy of the right knee with chondroplasty of the patella and trochlea and medial femoral condyle, microfracture of the lateral femoral condyle, partial medial meniscectomy and partial lateral meniscectomy and major synovectomy right knee. 2) Lumbar spine sprain-strain 3) Left knee strain secondary to gait alteration." A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 8-20-15 and non-certification was for Acupuncture 1 x 6 weeks and EMG-NCV to the bilateral lower extremities (BLE). Utilization Review had a telephone conference with the requesting provider stating "Spoke with [provider] and discussed the case. He stated that the patient has had right knee arthroscopy and postoperative physical therapy at another clinic. The patient has currently presented with positive McMurray's, knee pain and decreased right knee range of motion. The patient has remained symptomatic, despite the arthroscopy carried out in March 2015. [The provider] was informed that the patient completed 24 sessions of postoperative physical therapy and therefore, decided to withdraw request for 6 sessions of physical therapy for the right knee, assuming that it is unlikely that the patient would receive benefit after this many sessions completed. [The provider] also decided to withdraw the request for EMG-NCV, as not pertinent to the clinical documentation provided in regards to the knee injury. He agreed to the modified treatment plan to include 6 sessions of Acupuncture to help with pain symptoms and right knee arthrogram to evaluate the postoperative knee for possible structural abnormalities." Utilization Review referenced the CA MTUS, ACOEM and ODG Guidelines. A request for authorization was received for Acupuncture 1 x 6 weeks and EMG-NCV to the bilateral lower extremities (BLE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in September 2014 and underwent right knee arthroscopic surgery on 03/05/15 with partial medial and lateral meniscotomy, chondroplasty, excision of multiple loose bodies, and major synovectomy. In July 2015, he had completed physical therapy treatments. When seen in August 2015, he was having constant, sharp right knee pain rated at 8/10. Medications were helping to decrease pain. Physical examination findings included decreased and painful range of motion with joint line tenderness. McMurray's testing was positive. There was an antalgic gait and he had hamstring weakness. His body mass index was over 31. Acupuncture and bilateral lower extremity electrodiagnostic testing were requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had physical therapy and would be expected to be able to perform a home exercise program in combination with acupuncture treatments. The requested number of treatments is within guideline recommendations and was medically necessary.

EMG/NCV to the bilateral lower extremities (BLE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in September 2014 and underwent right knee arthroscopic surgery on 03/05/15 with partial medial and lateral meniscotomy, chondroplasty, excision of multiple loose bodies, and major synovectomy. In July 2015, he had completed physical therapy treatments. When seen in August 2015, he was having constant, sharp right knee pain rated at 8/10. Medications were helping to decrease pain. Physical examination findings included decreased and painful range of motion with joint line tenderness. McMurray's testing was positive. There was an antalgic gait and he had hamstring weakness. His body mass index was over 31. Acupuncture and bilateral lower extremity electrodiagnostic testing were requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. The claimant has right hamstring weakness after elective knee surgery. There is no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. This request is not medically necessary.