

<b>Case Number:</b>	CM15-0189235		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/07/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California

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:

The injured worker is a 61 year old male who sustained an industrial injury December 7, 2014, after hitting his right knee against some pallets. He underwent x-ray of the right knee, (6) sessions of physical therapy without relief, prescribed medication, modified work duties, and cortisone injection to the right knee. On February 19, 2015, the injured worker underwent a right knee diagnostic arthroscopy, partial medial meniscectomy, synovectomy, and chondroplasty of the medial femoral condyle, bilateral femoral condyle and trochlear groove. A secondary treating physician's handwritten progress report June 8, 2015 finds the injured worker with unchanged right knee pain. He can stand for only 10-15 minutes before pain and can walk for 30 minutes before pain. He reports intermittent swelling of the right knee. Objective findings included; uses a cane for stability; negative Homan's sign; tenderness to palpation lateral joint line. Treatment plan included pending authorization for physical therapy, dispense medication and request for Acupuncture for the right knee. According to a secondary treating physician's handwritten progress report dated July 6, 2015, the injured worker presented with right knee pain and weakness. He has completed (10) sessions of therapy and complains of weakness and wanting more therapy. Objective findings included; ambulates with a cane; tenderness to palpation at MJL (medial joint line); scars well healed. According to a primary treating physician's progress handwritten report dated August 11, 2015; the injured worker is undergoing acupuncture for the right knee. Objective findings included uses a cane; tenderness to palpation of the medial and lateral joint line right knee. No further examination recorded. The physician documented that an appeal for physiotherapy was denied after 10 visits. At issue, is the request for authorization for Acupuncture for the right knee, no frequency, no duration. An x-ray of the

right knee dated December 9, 2014 (report present in the medical record) impression documented as; minimal hypertrophic degenerative changes with soft tissue swelling; no definite acute fractures; mild narrowing of the joint space medially. According to utilization review dated September 21, 2015, the requests for Naproxen Sodium 550mg # 60 and Pantoprazole 20mg #60 were certified. The request for Acupuncture no frequency, no duration (report 06-08-2015) has been modified to Acupuncture x (6) visits are certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture for RT knee; no freq, no duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient complained of right knee pain. The acupuncture treatment guidelines recommend 3-6 sessions over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. The patient was authorized 6 acupuncture session as a trial which is consistent with the evidence based guidelines. There was no documentation of functional improvement from prior acupuncture session. In addition, the provider requested acupuncture for the right knee without the quantity or frequency of treatment. The provider's request is not consistent with the evidence-based guidelines and therefore is not medically necessary at this time.