

Case Number:	CM15-0191023		
Date Assigned:	10/05/2015	Date of Injury:	09/21/2007
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male, who sustained an industrial injury on 9-21-07. Medical records indicate that the injured worker is undergoing treatment for lumbar multilevel degenerative disc disease, cervical spine disc degeneration, meniscal tears, left knee osteoarthritis, chondromalacia patella, joint pain in the leg, chronic pain syndrome, depression and status-post left knee microfracture procedure of the medial femoral condyle. The injured worker was temporarily totally disabled. On (8-11-15) the orthopedic report noted that the injured worker was post-operative left knee surgery on 5-15-15. The injured worker was noted to continue to have episodes of swelling. Examination of the left knee revealed mild incisional tenderness and a mild to moderate effusion, Mild quadriceps atrophy was noted. The treating physician noted "that the injured worker was doing quite well considering he has not had physical therapy that is recent." The primary treating physician (8-11-15) noted that the injured workers complaints included lumbar spine pain. Examination of the lumbar spine revealed tenderness to palpation, spasms, trigger points and a limited and painful range of motion. Physical therapy documentation dated 6-23-15 indicates that the injured worker met his short-term goals in 2-3 weeks and his long term goals in 8-12 weeks. Treatment and evaluation to date has included medications, MRI of the left knee (3-16-15), lumbar epidural steroid injections, chiropractic treatments, physical therapy (13), a knee sleeve and a home exercise program. Current medications include Norco, Naproxen and Protonix. The request for authorization dated 8-11-15 included requests for acupuncture treatment visits for the lumbar spine 1 time a week for 6 weeks # 6 and physical therapy visits for the lumbar spine and post-

operative right knee 2 times a week for 6 weeks # 12. The Utilization Review documentation dated 8-28-15 non-certified the requests for acupuncture treatment visits for the lumbar spine 1 time a week for 6 weeks # 6 and physical therapy visits for the lumbar spine and post-operative right knee 2 times a week for 6 weeks # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the lumbar 1 time a week for 6 weeks, quantity: 6 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back / acupuncture.

Decision rationale: Per ODG low back / Acupuncture, acupuncture is "not recommended for acute low back pain." The ODG Acupuncture Guidelines are as follows: Initial trial of 3-4 visits over 2 weeks: With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). As the current request exceeds this recommended initial trial, the request is not medically necessary.

Physical therapy for the lumbar and postoperative left knee, 2 times per week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, it is not medically necessary.