

<b>Case Number:</b>	CM15-0193700		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/17/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

This is a 34 year old male with a date of injury on 8-17-15. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain. Progress report dated 9-15-15 reports continued complaints of constant mild to moderate left knee pain with stiffness, weakness and mistrust. Objective findings: left knee tender to palpation over the lateral joint line and patellar tendon, no laxity with lachman's test, there is crepitus with passive ranging, range of motion is decreased and he walks with a slight limp favoring left lower extremity. Will order ultrasound to rule out meniscal tear. Treatments include: medication, home interferential unit. X-ray showed no abnormalities. Request for authorization was made for acupuncture 8 sessions and diagnostic ultrasound of left knee. Utilization review dated 9-28-15 non-certified the request for ultrasound and modified acupuncture and certified 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture Sessions:** Upheld

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

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

**Decision rationale:** MTUS Acupuncture guidelines recommend up to 6 initial acupuncture visits as a trial as part of an effort to facilitate functional restoration in the treatment of pain. The current request exceeds this guideline; a rationale for an exception is not apparent. This request is not medically necessary.

**Diagnostic Ultrasound Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Ultrasound, diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The records in this case do not clearly document a differential diagnosis for the requested ultrasound imaging study, nor does it appear that a period of initial conservative treatment has been attempted. This request is not medically necessary.