

<b>Case Number:</b>	CM15-0201451		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 59 year old male, who sustained an industrial injury on 1-23-13. The injured worker was diagnosed as having depressive disorder NEC; derangement of meniscus NEC; contusion to knee-sprain of internal collateral ligament of right knee. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker was in the office for a follow-up re-evaluation. The provider documents "Thigh-reports no frequent pain in his right thigh. The patient notes that his pain is the same, asymptomatic. Knee: complains of constant pain in his right knee which he describes as sharp. He rates his pain as 7 on a number rating scale of 0 to 10 with 0 being no pain and 10 most severe pain. The patient notes that his pain is worsening. Swelling noted over the right knee. He states that he did not take pain medication today and that the pain level described are without the effects of medications. He also complains of difficulty falling asleep due to pain and decreased muscle mass and strength. He states his pain is aggravated by prolonged standing, walking, walking on uneven surfaces, repetitive kneeling, squatting and cold weather." Objective findings are documented as "Palpation reveals nonspecific tenderness to both knees. Palpation indicates moderate tenderness at the medial patellar and lateral patellar on the left. Drawer pull tibia test and drawer test (push tibia), abduction test (Valgus stressing), adduction (Varus stressing), Apley's grinding test, McMurray test with interior rotation and exterior rotation are positive on the right knee. Patella tracking misalignment and intrapatella pain on the right knee. The provider's treatment plan includes a request for weight distribution right brace for prophylactic purposes to avoid exacerbation of the current injury. The PR-2 notes dated 7-16-15 was the same said complaints and examination. A PR-2 note dated 7-24-15 is requesting a right knee

arthroscopy indicating the injured worker has failed conservative measures and "this is made as per QME recommendations". The provider continues to request the "Weight distribution right knee brace". A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 9-24-15 and non-certification for Arthroscopy of the right knee; Acupuncture 2x6 for the right knee and Weight distribution knee brace. A request for authorization has been received for Arthroscopy of the right knee; Acupuncture 2x6 for the right knee and Weight distribution knee brace.

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

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

#### **Arthroscopy of the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion) According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 8/6/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for non-certification, not medically necessary.

#### **Acupuncture 2x6 for the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8&9, Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). The guidelines specifically report 3-6 treatments initially. As the request is for 12 visits the determination is for non-certification, not medically necessary.

**Weight distribution knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Knee brace section.

**Decision rationale:** CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.