

<b>Case Number:</b>	CM15-0211133		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 57 year old, male who sustained a work related injury on 8-27-12. A review of the medical records shows he is being treated for left knee pain. In the progress notes dated 8-17-15 and 9-22-15, the injured worker reports constant, throbbing left knee pain. He rates the pain a 6-7 out of 10. On physical exam dated 9-22-15, he has decreased left knee range of motion. He has active-passive left knee extension, which lacks 20 degrees; His left knee flexion is only 80 degrees. He has tenderness over the left knee joint. He has some edema in the left knee. Treatments have included physical therapy, left knee surgery on 8-31-15, and medications. Current medications include Tylenol #3 and Motrin. He is temporarily totally disabled. The treatment plan includes an urgent authorization for a continuous passive motion machine, for an internal medicine consult, and urgent authorization for physical therapy and acupuncture for left knee and for Tylenol #3 and Motrin. In the Utilization Review dated 10-9-15, the requested treatment of acupuncture 2 x 6 to left knee is modified to acupuncture x 6 sessions for the left knee. The requested treatment of a continuous passive motion machine is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks, left 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:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the left knee is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured workers working diagnoses are lumbar sprain strain; sciatica/neuralgia or neuritis of sciatic nerve; pain in hip, thigh and pelvic region: sprain strain of knee/leg unspecified site. Date of injury is August 27, 2012. Request for authorization is October 6, 2015. According to a progress note dated September 22, 2015, the injured worker's subjective complaints include left knee pain 6/10. Injured worker status post left total knee arthroplasty dated August 31, 2015. The injured worker started physical therapy as an outpatient September 18, 2015. The injured worker requires urgent authorization for a CPM unit and physical therapy for more aggressive rehabilitation to improve range of motion and avoid the development of adhesive capsulitis. Additional complaints are low back pain and left hip pain. The right foot has improved. Objectively, walking is difficult and the gait is antalgic. There is tenderness over the left meet and right lumbar region. The left knee is tender over the medial and lateral joint line and pre-patella region. Motor testing is 4/5 in the left knee. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits may be indicated. The treating provider is requesting 12 acupuncture sessions in excess of the recommended initial trial of 3-4 visits. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a request for 12 acupuncture sessions in excess of the recommended trial of 3 to 4 visits, and no compelling clinical facts indicating an excessive number of acupuncture sessions are clinically indicated, acupuncture two times per week times six weeks to the left knee is not medically necessary.

**Continuous passive motion (CPM) machine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Continuous passive motion.

**Decision rationale:** Pursuant to the Official Disability Guidelines, continuous passive motion (CPM) machine is not medically necessary. Continuous passive motion for the knee is recommended for in-hospital use or for home use in patients at risk for a stiff knee based on

demonstrated compliance and measured improvements. Routine use of CPM (home use) has minimal benefit. Criteria for the use of continuous passive motion devices: in the acute hospital setting, postoperative use may be considered medically necessary for #4 - #10 consecutive days (no more than 21) for total knee arthroplasty, ACL reconstruction, and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. This may include patients with complex regional pain syndrome; extensive arthrofibrosis; physical, mental or behavioral inability to participate in physical therapy and revision of total knee arthroplasty. In this case, the injured workers working diagnoses are lumbar sprain strain; sciatica/neuralgia or neuritis of sciatic nerve; pain in hip, thigh and pelvic region: sprain strain of knee/leg unspecified site. Date of injury is August 27, 2012. Request for authorization is October 6, 2015. According to a progress note dated September 22, 2015, the injured worker's subjective complaints include left knee pain 6/10. Injured worker status post left total knee arthroplasty dated August 31, 2015. The injured worker started physical therapy as an outpatient September 18, 2015. The injured worker requires urgent authorization for a CPM unit and physical therapy for more aggressive rehabilitation to improve range of motion and avoid the development of adhesive capsulitis. Additional complaints are low back pain and left hip pain. The right foot has improved. Objectively, walking is difficult and the gait is antalgic. There is tenderness over the left meet and right lumbar region. The left knee is tender over the medial and lateral joint line and pre-patella region. Motor testing is 4/5 in the left knee. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. The date of surgery was August 31, 2015. The urgent request for authorization was October 6, 2015, 36 days after the surgery. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations (home use is up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight), and documentation the injured worker is 36 days postoperative, continuous passive motion (CPM) machine is not medically necessary.