

Case Number:	CM15-0216914		
Date Assigned:	11/06/2015	Date of Injury:	03/01/2010
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female with a date of industrial injury 3-1-2010. The medical records indicated the injured worker (IW) was treated for pain in joint of lower leg; arthropathy not otherwise specified of lower leg; and chondromalacia patella. In the progress notes (8-13-15 and 9-22-15) the IW reported right knee pain rated 4 out of 10. She reportedly went to the gym five to seven times a week, doing aerobics classes and using aerobic machines that targeted her knee. She stopped yoga, as it aggravated her knees. She requested an extension of acupuncture and aquatic therapy; she did not get the same relief from her own pool because her pool was not heated and she felt she needed more guidance and consistency. Medications were Omeprazole, Naproxen and Norco. On examination (9-22-15 notes), right knee range of motion was limited to 95 degrees flexion due to pain. There was tenderness over the medial and lateral joint lines and over the patella. Higher functions were grossly normal. Treatments included right knee steroid injection 9-22-15, 6 sessions of aquatic therapy, 6 physical therapy sessions and medications. There was no clear indication of improved function after therapy. The provider stated the x-ray of the right knee dated 9-22-15 showed mild degenerative joint disease and osteochondral lesions. The IW was 'permanent and stationary'. The provider requested an MRI of the right knee due to continued pain and decreased function in spite of conservative treatment; acupuncture and aquatic therapy were requested to improve function and pain. A Request for Authorization dated 10-2-15 was received for six sessions of acupuncture treatment for the right knee; six sessions of aquatic therapy for the right knee; and right knee MRI. The Utilization Review on 10-9-15 non-

certified the request for six sessions of acupuncture treatment for the right knee; six sessions of aquatic therapy for the right knee; and right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for right knee, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in March 2010 when, while working as a correctional officer, she fell while descending a ladder and landed on her right knee. She had left knee arthroscopic surgery in July 2007 with an extensive debridement, lateral release, microfracture of the patellar articulating surface, and medial plica removal. When seen in October 2015 she had right knee pain rated at 4/10. She was going to a gym 5-7 times per week and performing aerobic exercises. She had stopped Yoga which was aggravating her knees. She was requesting an extension of aquatic therapy and acupuncture treatments. Her own pool was unheated and she needed more guidance and consistency. Medications were working well. Physical examination findings included a normal gait. There was decreased right knee range of motion with joint line and patellar tenderness. A recent knee x-ray in September 2015 showed findings of mild degenerative joint disease and osteochondral lesions. In April 2015 there are 5 acupuncture treatments documenting full range of motion and mild pain. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the duration of treatment is in excess of that recommended and functional improvement with the treatments provided in April 2015 is not documented. The requested additional acupuncture treatments are not medically necessary.

Aquatic therapy for right knee, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p8.

Decision rationale: The claimant sustained a work injury in March 2010 when, while working as a correctional officer, she fell while descending a ladder and landed on her right knee. She had left knee arthroscopic surgery in July 2007 with an extensive debridement, lateral release, microfracture of the patellar articulating surface, and medial plica removal. When seen in

October 2015 she had right knee pain rated at 4/10. She was going to a gym 5-7 times per week and performing aerobic exercises. She had stopped Yoga which was aggravating her knees. She was requesting an extension of aquatic therapy and acupuncture treatments. Her own pool was unheated and she needed more guidance and consistency. Medications were working well. Physical examination findings included a normal gait. There was decreased right knee range of motion with joint line and patellar tenderness. A recent knee x-ray in September 2015 showed findings of mild degenerative joint disease and osteochondral lesions. In April 2015 there are 5 acupuncture treatments documenting full range of motion and mild pain. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant had already benefited from the skilled aquatic therapy treatments provided. She discontinued Yoga due to knee pain. Transition to an independent pool program with consideration of gym access would appear to be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.

MRI (Magnetic Resonance Imaging) of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in March 2010 when, while working as a correctional officer, she fell while descending a ladder and landed on her right knee. She had left knee arthroscopic surgery in July 2007 with an extensive debridement, lateral release, microfracture of the patellar articulating surface, and medial plica removal. When seen in October 2015 she had right knee pain rated at 4/10. She was going to a gym 5-7 times per week and performing aerobic exercises. She had stopped Yoga which was aggravating her knees. She was requesting an extension of aquatic therapy and acupuncture treatments. Her own pool was unheated and she needed more guidance and consistency. Medications were working well. Physical examination findings included a normal gait. There was decreased right knee range of motion with joint line and patellar tenderness. A recent knee x-ray in September 2015 showed findings of mild degenerative joint disease and osteochondral lesions. In April 2015 there are 5 acupuncture treatments documenting full range of motion and mild pain. Applicable indications in this case for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no physical examination findings that would support the need to obtain an MRI. Recent x-ray results appear to have been diagnostic in terms of the claimant's knee pain. An MRI of the knee is not medically necessary.