

<b>Case Number:</b>	CM15-0055981		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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

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:

The injured worker is a 50-year-old female, who sustained an industrial injury on March 13, 2010. She reported left knee pain. The injured worker was diagnosed as having status post left knee arthroscopy, arthritis of the knee and obesity. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, conservative treatments including acupuncture and a weight loss program, medications and work restrictions. Currently, the injured worker complains of continued left knee pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She reported feeling a pop in her knee while at work. She reported continued pain and surgical intervention was done. Diagnostic studies revealed a need for additional surgical intervention of the knee however, it was not recommended until a weight loss of over 100 pounds was achieved. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 5, 2014, revealed continued pain. Evaluation on December 3, 2014, revealed ongoing knee pain. The plan included continuing the weight loss plan and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 2x3 left knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in both of her knees. The patient is s/p left knee arthroscopic surgery on 06/10/13. The request is for additional 6 sessions of acupuncture for the left knee. MRI of the left knee from 01/14/15 shows complex tear of the posterior horn and body of medial meniscus and tricompartmental degenerative arthrosis. The patient is currently working with modified duty. Regarding acupuncture, MTUS guidelines page 13 refers "Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." MTUS allow 3-6 sessions of acupuncture treatments for knee complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the treater requested "additional acupuncture for flare ups." The reports show that the patient has had 6 sessions of acupuncture with improvement, although time frame is not known. The patient continues to have flare ups in both of her knees, left worse than right. The request for 6 additional sessions may be reasonable given that the patient is working and it may have been a while since the last course of acupuncture. The request does not appear excessive as MTUS allows for additional acupuncture when functional improvement is documented. The request is medically necessary.

**Continuation of weight loss program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039.

**Decision rationale:** The patient presents with pain and weakness in both of her knees. The patient is s/p left knee arthroscopic surgery on 06/10/13. The request is for continuation of weight loss program. The MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss and supports "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. In this case, the treater requested continuation of weight loss program because "the patient requires a 100-140 pounds weight loss prior to contemplating a knee arthroplasty." None of the reports provides the patient's weight or BMI. Aetna requires a BMI of 30 or greater for a weight loss program to be indicated. The treater does not discuss if other measures (diet, exercise) of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Furthermore, the treater does not discuss how the patient responded to the weight loss program previously; how much weight was reduced via how many sessions. The request of [REDACTED] is not medically necessary.