

<b>Case Number:</b>	CM14-0152195		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41-year-old male with a 3/24/10 date of injury, due to repetitive trauma. The reviewer's note dated 9/9/14 indicated the patient was seen on 7/23/14 with complaints of left knee pain and right knee pain with swelling and tingling. Exam findings of the right knee revealed tenderness to palpation, edema, and popping, crepitus and pain with the range of motion and positive Apley's test. The note stated that the patient failed conservative treatment including medication and activity modification. The QME report dated 9/9/14 indicated that the patient did not require any further conservative treatment, such as PT or injections. The note stated that an MRI of the right knee (undated, the report was not available for the review) revealed: intact ACL and PCL with degenerative tears in the medial and lateral menisci. The diagnosis is right and left knee pain. Treatment to date: work restrictions and mediations. An adverse determination was received on 9/9/14. The request for Acupuncture 2x6 right knee was modified to 3 sessions to allow functional improvement. The request for Right knee arthroscopy was denied given that the Guideline criteria have not been met as an evidence of a recent comprehensive non-operative treatment protocol trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Frequency and duration of acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3-6 treatments. However it is not clear if the patient had acupuncture in the past. In addition, the UR decision dated 9/9/14 certified 3 sessions of acupuncture to allow functional improvement. Lastly, the Guidelines recommend 3-6 sessions of initial treatment and there is a lack of documentation indicating that the patient completed the certified session and if he received any functional gains from it. Therefore, the request for Acupuncture 2x6 right knee is not medically necessary.

**Right knee arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Surgical Considerations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Arthroscopy

**Decision rationale:** CA MTUS does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. However there is not enough documentation from the requesting physician with regards to the patient's history of disease. It was noted the patient failed conservative treatment including medication and activity modification. The QME report dated 9/9/14 indicated that the patient did not require any further conservative treatment, such as PT or injections, however the details regarding the treatment were not specified. Given, that the patient injury was over 4 years ago it is not clear, if he sustained any new trauma to the right knee. In addition, the plain radiographs and the MRI results of the right knee were not available for the review. Therefore, the request for Right knee arthroscopy is not medically necessary.