

Case Number:	CM14-0166156		
Date Assigned:	10/13/2014	Date of Injury:	12/03/2013
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 25-year-old female patient who sustained a remote industrial injury on 12/03/13 diagnosed with left knee sprain/strain; rule out knee internal derangement, low back pain, hip sprain/strain, and foot/ankle pain. Mechanism of injury occurred as a result of the patient constantly kneeling, causing injury to her left knee, left foot, and right hip. The request for Acupuncture 1x6 for left knee was non-certified at utilization review due to the lack of documentation of any measurable functional improvements from the previously authorized acupuncture. The request for an updated MRI arthrogram of the left knee was also non-certified at utilization review due to the lack of documentation concerning whether the patient has undergone the previously requested cortisone injection and acupuncture treatment for the left knee. Lastly, the request for Cortisone injection of the left knee was non-certified at utilization review due to the lack of documentation of the claimant's response to the previously authorized cortisone injection. The most recent progress note provided is 06/05/14. Patient complains primarily of intermittent, dull and achy pain in the lower back rated as a 7/10 that travels into the left leg; frequent, dull and achy pain in the right hip also rated as a 7/10 and accompanied by stiffness and soreness; constant, sharp and stabbing pain in the left knee rated as a 9.5/10 and accompanied by redness, swelling, and stiffness; constant, sharp and throbbing pain in the left foot rated as an 8.5/10 and accompanied by numbness in the big toe; associated symptoms of numbness and tingling; and difficulty sleeping. Physical exam findings reveal the patient ambulates with an antalgic gait favoring the left, straight leg raising seated test is positive bilaterally, iliac compression reveals pain on the right, noted sensory deficits corresponding to the L1, L2, L3, L4, L5 and S1 dermatomes, motor deficits corresponding to that held to, L3, L4, L5, S1 and S2 myotomes, moderate paraspinal tenderness and spasms in the lumbar spine, tenderness to palpation of the right hip, slightly decreased range of motion of the right hip,

tenderness to palpation of the left knee, positive reverse pivot shift, pivot shift, drawer, abduction, adduction, Thomas, Homan's and McMurray's test tests on the left knee, decreased range of motion of the left knee, tenderness to palpation of the left ankle and foot, and decreased range of motion of the left ankle and foot. Current medications include: Ibuprofen. It is noted that the patient is currently not working. The treating physician is requesting an MR arthrogram of the left knee because the patient has a history of a tear, a prescription for Tramadol, and acupuncture. Provided documents include several previous progress reports, requests for authorization, physical therapy notes, and previous utilization reviews that highlight 6 sessions of acupuncture were certified on 07/09/14. The patient's previous treatments include physical therapy, knee immobilizer, medications, possible acupuncture to the left knee, and a possible cortisone injection to the left knee. Imaging studies are not provided but an MRI of the left knee post arthrogram, performed on 06/25/14, is referenced as revealing a normal MR arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 for left knee: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, acupuncture trials of 3-6 treatments are recommended but "Acupuncture treatments may be extended if functional improvement is documented." In this case, provided documentation highlights that 6 sessions of acupuncture for the left knee was certified on 07/09/14. As the most recent progress not provided is 06/05/14, provided documents do not delineate whether any functional improvement was obtained as a result. Even though the patient continues to have knee complaints, medical necessity cannot be supported without this documentation. As such, the request for Acupuncture 1 x 6 for left knee is not medically necessary.

Updated MRI arthrogram of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MR arthrography

Decision rationale: According to ODG, MR arthrography is "recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." In this case, an MRI left knee post arthrogram was performed on

06/25/14 and as the most recent progress report provided is 06/05/14, it cannot be determined whether the patient has had a left knee operation since the date of that study. The actual report of this study is not provided for review. Further, the patient was recently authorized to receive treatment for the left knee complaints but the responses to these treatments are not provided. As such, medical necessity cannot be supported for updated MRI arthrogram of the left knee is recommended.

Cortisone injection of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg Procedure Summary

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, Corticosteroid injections

Decision rationale: According to ODG, "Intra-articular corticosteroid injections help to relieve pain and reduce swelling in osteoarthritis of the knee and typically yield improvement within 24 hours that lasts 4 to 8 weeks," and these injections are only recommended after the failure of conservative treatment including exercises and NSAIDs. In this case, there is no documentation of a diagnosis of severe osteoarthritis of the left knee. Further, it appears that a cortisone injection for the left knee was previously authorized but provided documents do not delineate the patient's response to this injection. As such, medical necessity cannot be supported and the request for Cortisone injection of the left knee is not medically necessary.