

Case Number:	CM15-0111979		
Date Assigned:	06/18/2015	Date of Injury:	12/26/2014
Decision Date:	09/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 12/26/14. She reported a severe popping sensation to the right knee with swelling and pain. The injured worker was diagnosed as having right knee strain/contusion with root tear of the posterior horn of the medial meniscus and mild tricompartmental degenerative arthritis. Treatment to date has included the use of a knee brace and medication. Physical examination findings on 4/30/15 included right knee tenderness to palpation along the fibular head and medial joint line. Varus and Valgus stress tests were painful. Currently, the injured worker complains of intermittent severe right knee pain with inability to fully flex the knee. The treating physician requested authorization for acupuncture 2 x 4 for the right knee, a functional capacity evaluation, and a rigid knee brace. Other requests included x-rays of the pelvis, right knee, and right hip.

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 4 weeks, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in 2011 with a severe popping sensation to the right knee with subsequent swelling and pain. The diagnoses were right knee strain/contusion with a tear of the posterior horn of the medial meniscus and mild tricompartmental degenerative arthritis. Treatment to date has included the use of a knee brace and medication. As of April, there is still right knee tenderness to palpation along the fibular head and medial joint line. Varus and Valgus stress tests were painful. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement, not the eight requested here. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant out of past interventions, or if acupuncture had been rendered in the past. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. The request is not medically necessary.

X-ray for pelvis, right knee and right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As shared previously, this claimant was injured in 2011 with a severe popping sensation to the right knee with swelling and pain. The diagnoses were right knee strain/contusion with root tear of the posterior horn of the medial meniscus and mild tricompartmental degenerative arthritis. Treatment to date has included the use of a knee brace and medication. As of April, there is still right knee tenderness to palpation along the fibular head and medial joint line. Varus and Valgus stress tests were painful. The MTUS notes that the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria for imaging to the pelvis, right knee and right hip. The guides further note: Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of even equivocal neurologic signs or significant orthopedic internal derangement in these areas. Further, imaging studies to some of these areas had already been accomplished, and the reason for repeating the study is not clinically clear. The request was not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: As reviewed previously, this claimant was injured in 2011 with a severe popping sensation to the right knee with swelling and pain. The diagnoses were right knee strain/contusion with root tear of the posterior horn of the medial meniscus and mild tricompartmental degenerative arthritis. Treatment to date has included the use of a knee brace and medication. As of April, there is still right knee tenderness to palpation along the fibular head and medial joint line. Varus and Valgus stress tests were painful. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. For these reasons, this request was not medically necessary.

Rigid knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the accompanying reviews, this claimant was injured in 2011 with a severe popping sensation to the right knee with swelling and pain. The diagnoses were right knee strain/contusion with root tear of the posterior horn of the medial meniscus and mild tricompartmental degenerative arthritis. Treatment to date has included the use of a knee brace and medication. As of April, there is still right knee tenderness to palpation along the fibular head and medial joint line. Varus and Valgus stress tests were painful. The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. I did not find the claimant had these conditions. The MTUS advises a brace only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and such activities are not evident. Per MTUS, for the average patient, using a brace is usually unnecessary. If used, there must be evidence of proper fit, and that it is part of a rehabilitation program, which is not evident in this case. If used, it should be used only for a short term. Also, this appears to be an outright purchase; purchase means an open ended unmonitored use, which is not supported. The request is not medically necessary.