

<b>Case Number:</b>	CM15-0048348		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Family Practice

### 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 66-year-old male, with a reported date of injury of 01/14/2013. The diagnoses include left knee meniscus tear, left knee pain, and status post left knee surgery. Treatments to date have included physical therapy, left knee arthroscopy, and an MRI of the left knee. The progress report dated 11/14/2014 was handwritten and somewhat illegible. The report indicates that the injured worker was status post left knee arthroscopy (10/22/2014). He complained of achy, pain, swelling, and decreased range of motion. The injured worker had started post-operative physical therapy. The objective findings include swelling of the knee and ankle and tenderness to palpation at the lateral joint line. The progress report dated 12/17/2014 seemed to be missing additional pages. The report indicates that the injured worker had completed 16 sessions of post-operative physical therapy for the left knee. He continued to have decreased range of motion. The injured worker continued to have left knee pain with activities. The treating physician requested acupuncture for left knee and possible knee injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture on the left knee (x8): Upheld**

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

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

**Decision rationale:** This patient receives treatment for chronic L knee pain. The patient experienced a work-related injury dated 11/21/2014. The patient underwent L knee arthroscopic surgery and had physical therapy post-operatively. This review addresses a request for acupuncture. The documentation does not clearly state if the patient received acupuncture treatment in the past. There is no documentation what functional improvement occurred. The treatment guidelines call for a limited number of acupuncture treatments and then a re-evaluation to see if there is some functional improvement before additional acupuncture treatments can be given. Acupuncture is not medically indicated.

**Possible knee injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee - Viscosupplementation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**Decision rationale:** This patient receives treatment for chronic L knee pain. The patient experienced a work-related injury dated 11/21/2014. The patient underwent L knee arthroscopic surgery and had physical therapy post-operatively. This review addresses a request for left knee injections. This patient shows decreased range of motion on exam and persisting L knee pain. A second orthopedic opinion has been requested and granted. There is no documentation of this consultation. Which type of knee injection is not clearly specified. The treatment guidelines do not recommend intra-articular steroid injections post-operatively for partial meniscectomy surgery. Viscosupplementation injections are not routinely recommended for this post-operative state. Based on the documentation, knee injections are not medically indicated.