

Case Number:	CM15-0071780		
Date Assigned:	04/22/2015	Date of Injury:	03/01/2013
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 47 year old female who sustained an industrial injury on 3/1/13. The injured worker reported symptoms in the left lower extremity. The injured worker was diagnosed as having left knee medial meniscus tear and pain in joint, lower leg. Treatments to date have included physical therapy, topical creams, home exercise program, and oral pain medication. Currently, the injured worker complains of left knee pain. The plan of care was for physical therapy, acupuncture treatment, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 times a week for 4 weeks to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Per the MTUS guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The post-surgical treatment guidelines allow for 12 physical therapy appointment over 12 weeks for arthroscopic meniscectomy. The patient had knee arthroscopy on 1/8/15. Per available documentation, the patient has completed 12 post-surgical physical therapy sessions. The post surgical treatment period is 4 months, so the injured worker is still in the post surgical period at the time of this request. The request for post-operative physical therapy 2 times a week for 4 weeks to the left knee is determined to be not medically necessary.

Acupuncture 2 times a week for 4 weeks to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The request for acupuncture two times per week for four weeks exceeds the recommended three to six sessions to produce functional improvement. The request for acupuncture 2 times a week for 4 weeks to the lumbar is determined to not be medically appropriate.