

<b>Case Number:</b>	CM13-0036740		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 45-year-old female who reported an injury on 02/08/2011. The patient is currently diagnosed with right knee internal derangement, right knee chondromalacia patella, status post right knee arthroscopy, psychological complaints and right knee lateral meniscal tear. The patient was seen by [REDACTED] on 09/09/2013. The physical examination revealed decreased range of motion in the knee, tenderness to palpation in the medial and lateral joint line, positive crepitation, decreased strength, diminished range of motion in the lumbar spine and tenderness to palpation with spasms. The treatment recommendations included physical therapy and acupuncture, a lumbar support brace and the continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for six weeks to the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce

functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, the patient does demonstrate decreased range of motion with positive tenderness to palpation and crepitus of the right knee. However, the current request for 12 sessions of acupuncture treatment exceeds the guideline recommendations. The medical necessity for the requested service has not been established. As such, the request is non-certified.

**Physical therapy two times a week for six weeks to the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. The Official Disability Guidelines state that treatment for chondromalacia patella includes 9 visits over 8 weeks. As per the documentation submitted for review, the patient has completed extensive physical therapy to date, and the medical necessity for ongoing treatment has not been established. The patient continues to present with decreased range of motion, tenderness to palpation, crepitus and decreased strength. Additionally, the current request for 12 sessions of physical therapy exceeds the guideline recommendations. Based on the clinical information received, the request is non-certified.