

<b>Case Number:</b>	CM13-0071053		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 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:

The underlying date of injury in this case is 10/11/2011. The reference diagnosis is chondromalacia. The patient is status post right knee surgery on 01/23/2013. The record from 10/18/2013 notes the treating orthopedic surgeon saw the patient in follow-up and noted that the patient returned with pain in the right knee as well as right knee suprapatellar fat pad swelling and inflammation and tenderness at the lateral joint line. The patient was felt to have right knee internal derangement with chondromalacia. The treating physician recommended an MRI arthrogram to evaluate for a persistent arthropathy. The treating physician additionally recommended acupuncture for 12 sessions, and the treating physician recommended a knee immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X6 (RIGHT KNEE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, page 8, recommend an initial trial of up to six acupuncture visits for

musculoskeletal conditions. This request substantially exceeds this guideline. The records do not provide a rationale for exceeding this guideline. This request is not medically necessary.

**DME- PURCHASE RIGHT KNEE IMMOBILIZER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340.

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

**Decision rationale:** The ACOEM Guidelines, chapter 13/knee, page 340, state that a knee brace is usually necessary only if a patient is stressing the knee under load and should be combined with a rehabilitation program. This guideline recommends a knee immobilizer only in specific situations with clearly documented rationale and goals. The medical records do not meet these criteria. This request is not medically necessary.