

<b>Case Number:</b>	CM14-0001773		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2014

### 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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This 56-year-old male was involved in a motor vehicle accident on 10/1/12 and sustained injuries to his neck, right knee, right foot and ankle, and right elbow. The knee was diagnosed as a ligament tear. The patient completed 8 sessions of physical therapy without any improvement. In March 2013 he underwent surgery of the right knee to repair a torn ligament. Postoperatively he did poorly, he was still complaining of severe pain with grinding of his knee that is aggravated by walking and bending and also reports weakness and swelling. There was a request for 12 sessions of acupuncture. The patient was allowed 6 sessions and now there is a request for 6 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE):** 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), Fitness for Duty Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for work

**Decision rationale:** Functional capacity evaluation is recommended when the patient is close to MMI (maximum medical improvement) and all key medical reports are secured and additional/secondary considerations have been clarified. This patient has some medical issues that need clarification. The patient has findings suggestive of cervical radiculopathy but this condition has not been adequately evaluated. There is documentation of conservative therapy directed for his knee complaints but no documentation of treatment for his elbow or his foot and ankle. There is also no documentation of what affect his diabetes or obesity has in maintaining his symptom complex. Until these issues are clarified, functional capacity evaluation at this time is not medically necessary.

**Additional 6 Acupuncture visits for Rt Knee:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Acupuncture is a useful tool that can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and also decreases side effects of medications. The time to produce functional improvement is 3-6 sessions and this patient was allowed 6 sessions. However, there is no documentation of the functional improvement that the patient received. This would include an improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency of continued medical treatment. Without documentation of functional improvement, continued acupuncture treatment cannot be considered medically necessary.