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| <b>Case Number:</b>   | CM14-0100395 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 01/10/2001 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 06/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52 year old female whose date of injury is 01/10/2001. Although the documentation available was reviewed thoroughly, the mechanism of injury was not made clear. On 01/15/14 and 05/14/14 the injured worker underwent cortisone injections to the bilateral knees. Progress note dated 06/12/14 indicates that diagnosis is osteoarthritis of knee. The injured worker is noted to be much improved post injection. The injured worker notes that she feels much better with physical therapy and acupuncture. On physical examination range of motion is within normal limits in the bilateral knees. Drawer testing and Lachman's are negative; McMurray's is positive medially.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 treatments of Acupuncture therapy for bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for 6 treatments of acupuncture therapy for bilateral knees is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior acupuncture treatment;

however, there are no objective measures of improvement documented to establish efficacy of treatment and support additional sessions. There are no specific, time-limited treatment goals submitted for review. The California MTUS guidelines note that optimum duration of treatment is 1-2 months. Given the current clinical data, the requested acupuncture is not medically necessary in accordance with California MTUS guidelines.

**12 sessions of Physical therapy to bilateral knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Physical therapy

**Decision rationale:** Based on the clinical information provided, the request for 12 sessions of physical therapy to bilateral knees is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior physical therapy treatment; however, there are no objective measures of improvement documented to establish efficacy of treatment and support additional sessions. There are no specific, time-limited treatment goals submitted for review. Therefore, medical necessity for the requested physical therapy is not established in accordance with the Official Disability Guidelines. The injured worker should be well-versed in a home exercise program at this time.