

<b>Case Number:</b>	CM14-0117961		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 39 year old female who sustained an injury to her right knee on 03/15/13 while pulling linen out of a washing machine and loading it into a cart, placed the cart between her and the washing machine, stepped forcefully with her right foot and pulled the linen out, experiencing a sudden painful pop in her right knee accompanied by swelling. The injured worker went to urgent care the following day. Plain radiographs were taken; a knee brace and Ibuprofen was noted as treatment provided at the visit. The injured worker was placed on temporary partial disability, which consisted of sedentary work only. She received three visits of physical therapy initially, but the records indicate she received about twenty visits of physical therapy altogether. The injured worker stopped treatment on her own behalf because she was not happy with the treatment she was receiving. The clinical note dated 07/01/14 reported that the injured worker continued to complain of slight, frequent to intermittent pain with popping/giving way of the right knee without subsequent falls, pain rated as a 7 out of 10 on visual analog scale (VAS). Physical examination noted normal to visual inspection; alignment normal; mild effusion of the right knee; patella femoral pain and crepitation on range of motion; medial/lateral joint line tenderness; McMurray's and Apley's testing negative; anterior/posterior drawer, Lachman's, and patellar grinding negative bilaterally; medial/lateral collateral ligaments appear to be intact to varus/valgus stress testing; range of motion flexion 113 degrees right, extension 0 degrees. There were no diagnostic imaging studies provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation for the right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The previous request was denied on the basis that there was no documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions, and/or fitness for modified job), injuries that required detailed exploration of a worker's abilities, timing is appropriate (close to or at maximum medical improvement/all key medical reports secured), and additional/secondary conditions have been clarified. Therefore, the request was not indicated as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for a functional capacity evaluation for the right knee is not indicated as medically necessary.

**Physical Therapy for four weeks for the right knee. Quantity 12: 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 and leg chapter, Physical medicine treatment.

**Decision rationale:** The previous request was denied on the basis that given the associated request for acupuncture treatment, there was no clear documentation of the rationale for providing concurrent physical modalities or that a surgical intervention was performed or that he was actively participating in a home exercise program. The Official Disability Guidelines (ODG) recommend up to twelve visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. The records indicate that the injured worker has completed at least twenty physical therapy visits for the right knee; however, there were no physical therapy notes provided for review that would indicate the injured worker's progression/regression through previous conservative treatment. There was no additional significant objective clinical information provided for review that would support the need to exceed the (ODG) recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy for four weeks for the right knee, quantity twelve is not indicated as medically necessary.

**Acupuncture for six weeks for the right knee. Quantity 12: Upheld**

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

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

**Decision rationale:** The previous request was denied on the basis that given the associated request for physical therapy, there was no clear documentation of the rationale for providing concurrent physical modalities. The California Medical Treatment Utilization Schedule (MTUS) recommends an initial trial of three to six treatments to produce effects. Acupuncture treatments may be extended if functional improvement is documented. There was no information provided that would indicate the injured worker underwent a successful initial trial of six visits of acupuncture treatment. There was no additional significant information provided for review that would support the need to exceed the MTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given this, the request for acupuncture for six weeks for the right knee, quantity twelve is not indicated as medically necessary.