

Case Number:	CM14-0147705		
Date Assigned:	09/15/2014	Date of Injury:	02/26/2014
Decision Date:	11/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 Interventional Spine 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 patient is a 58 year old female with an injury date of 02/26/14. Per the 07/16/14 report by, the patient presents with constant right knee pain rated 7/10 without radiation. The knee clicks and gives out. The patient is working with modified duty. Examination of the right knee reports arthritic changes and peripatellar tenderness to palpation. McMurray's and Varus stress test are positive. The patient's diagnoses include: Right Knee Sprain/strain Right knee arthritis. Reports provided include physical therapy reports from 05/28/14 to 06/23/14. The utilization review being challenged is dated 08/25/14. The rationale regarding Range of motion and muscle testing of the right is that per ODG they are not recommended as there are no studies to support computerized strength testing of the extremities. Reports were provided from 05/08/14 to 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with chiropractic supervised physiotherapy 2 times 6 to 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 Chronic Pain Section chiropractic manipulation Page(s): 58, 59.

Decision rationale: The patient presents with constant right knee pain rated 7/10. The treater request for Chiropractic treatment with Chiropractic supervises physiotherapy 2x6 to the right knee. MTUS Chronic Pain Section pages 58, 59 state that chiropractic treatment of the knee is not recommended. On the 07/02/14 progress report, 6 sessions of physical therapy of the right knee did not help the patient. In this case, however, chiropractic treatment of the knee is not recommended by MTUS. The request is not medically necessary.

Acupuncture 2 times 6 to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines.

Decision rationale: The patient presents with constant right knee pain rated 7/10. The treater requests for: Acupuncture 2x6 to the right knee. MTUS recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. On the 07/02/14 progress report, 6 sessions of physical therapy of the right knee did not help the patient. On 07/16/14, acupuncture 2x6 times will be requested. In this case it appears the treater started acupuncture treatment following a failed course of treatment of physical therapy. Therapy reports provided show 12 physical therapy treatments for the right knee from 05/28/14 to 06/23/14. The reports provided offer no documentation of prior acupuncture treatment for the patient. In this case, if the request is for an initial trial of treatment the 12 requested sessions exceed what is allowed per MTUS. If the request is for treatment following the trial, the reports do not show documentation of functional improvement as required by MTUS. The request is not medically necessary.

Range of Motion and Muscle Testing of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 discuss only Computerized Muscle Testing

Decision rationale: The patient presents with constant right knee pain rated 7/10. The treater requests for: Range of motion and muscle testing of the right. MTUS and ACOEM do not address manual muscle testing. ODG guidelines Knee and Leg Chapter discuss only Computerized Muscle Testing. ODG states this is not recommended. In this case, the treater does not discuss this request. Muscle testing and range of motion are part of what is routinely

performed during office visitation and do not require separate billing or services. The request is not medically necessary.