

<b>Case Number:</b>	CM14-0032191		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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 04/29/2013. The patient's diagnoses include a right knee sprain and right knee contusion. The patient was seen 02/05/2014 in initial medical evaluation by a primary treating physician. The primary treating physician reviewed the patient's symptoms of right knee pain. On exam the patient had tenderness to palpation of the peripatellar region with no ecchymosis, no abrasion, no inflammation, no lacerations, and no surgical scars. The patient had a positive McMurray sign and a positive drawer sign. The treating physician recommended chiropractic treatment as well as acupuncture and also range of motion and muscle strength testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, state that acupuncture is a treatment option and that an initial trial of acupuncture should include up to 6 visits. The current request exceeds this

guideline. The records do not provide a rationale for exception to the guideline. This request is not medically necessary.

**Chiropractic treatment with physiotherapy and myofascial release 1 time a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, page 58, state that manual therapy and manipulation to the knee is not recommended. The medical records do not provide an alternate rationale for this request. This request is not medically necessary.

**Range of motion and muscles testing (computerized):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines American Medical Association Guides to the Evaluation of Permanent Impairment, 5th edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

**Decision rationale:** The ACOEM Guidelines, Chapter 2/Assessment, page 22, recommend a focused history and physical examination appropriate to the patient's presenting clinical complaints. Range of motion testing and manual muscle testing would be a routine part of such a physical examination. The medical records and guidelines do not provide a rationale instead for such range of motion and muscle testing to be done via computer. Overall, the records and guidelines do not provide a rationale for this request as a distinct certifiable entity instead of part of a routine physician visit. This request is not medically necessary.

**Functional restoration program 1 time a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 32.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on chronic pain programs/functional restoration programs, page 32, provide very detailed criteria for a functional restoration program, including exhaustion of all other treatment options as well as a detailed interdisciplinary assessment. The

medical records do not document such a clinical situation in this case. A rationale or indication for a functional restoration program is not appropriate. This request is not medically necessary.