

<b>Case Number:</b>	CM13-0055123		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/20/2005
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Family Medicine, 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 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 a date of injury of 1/20/05. Diagnoses include cervical/thoracic strain, degeneration of cervical disc, left carpal tunnel syndrome, status post right carpal tunnel release with recurrent pain, status post left knee medial and lateral partial meniscectomies, and status post lumbar spine surgery. Subjective complaints include chronic back pain that is slightly worsened over the past two months, neck pain, knee pain, and left ankle pain. There were no new injuries noted. Physical exam shows tenderness of the left knee at the lateral joint line, mild effusion, and positive McMurray's test. The cervical spine shows diffuse tenderness, and positive Spurling's test on the right. A prior lumbar MRI from 2005 shows chronic spondylolysis and degenerative disc disease. A cervical MRI from 2005 shows disc degeneration from C2-C7. Submitted documentation states that patient has never had physical therapy or acupuncture for her cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS suggests to allow for fading of treatment frequency from up to three visits per week to one or less, plus the addition of active self-directed home physical medicine. The Official Disability Guidelines recommend 10-12 visits for degeneration of cervical intervertebral discs. For this patient, MRI findings include cervical disc degeneration with associated pain. Therefore, the request for 12 physical therapy visits is consistent with guidelines, and is medically necessary.

**AN MR ARTHOGRAM OF THE LEFT KNEE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

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

**Decision rationale:** The Official Disability Guidelines recommend MR arthrogram for meniscal repair and meniscal resection of more than 25%. All patients with meniscal repair required MR arthrography. All patients with meniscal resection of more than 25%, who did not have severe degenerative arthrosis, chondral injuries, or avascular necrosis required MR arthrography. This patient has had previous medial and lateral meniscal repair, and continues to have pain and objective findings of the knee. Therefore, the request for an MR arthrogram is consistent with guidelines and is medically necessary.

**ACUPUNCTURE TWICE A WEEK FOR THREE WEEKS FOR THE CERVICAL AND LUMBAR SPINE:** Overturned

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

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

**Decision rationale:** The California Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. This patient has ongoing cervical pain, and has not had a trial of acupuncture therapy, which may help in rehabilitative efforts. Therefore, the request for acupuncture is consistent with guidelines and is medically necessary.