

Case Number:	CM13-0065501		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2011
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 04/16/2011. The mechanism of injury was noted to be while working at her desk doing computer work, she gradually developed pain to her neck and lower back. She also developed pain to both knees due to multiple falls. Her symptoms included headaches 3 to 4 times a week, as well as diffuse aching neck pain, nonradiating, aggravated with any repetitive neck movement or prolonged positions. She also complained of low back pain, nonradiating, aggravated with prolonged sitting or repetitive bending, stooping, or twisting. She stated her main complaint was bilateral knee pain, left greater than right, with frequent popping and cracking, aggravated by prolonged walking, with stairs or deep knee bending. Examination of the cervical spine revealed intact skin, no edema, erythema, or palpable spasm. There was tenderness to palpation about the cervical paraspinals bilaterally as well as along the trapezius bilaterally. Active range of motion showed flexion to 30 degrees, extension to 30 degrees, lateral bend to 35 degrees, and rotation to 70 degrees. The injured worker was noted to have a negative Spurling's maneuver with bilateral upper extremities showing 5/5 motor, intact sensation, deep tendon reflexes 1/4 and symmetric. Examination of the bilateral knees revealed intact skin, no edema, erythema, deformity, or effusion. Mild tenderness to palpation was noted about the bilateral joint line, medial greater than lateral, with positive crepitus noted on active range of motion with flexion to 125 degrees, extension 0 degrees. The injured worker was diagnosed with joint pain to the lower leg. Diagnostic studies include an unofficial x-ray report on an unknown date to reveal minimal degenerative joint disease with no acute fractures, bony erosions, or malalignment noted. On 10/21/2013, a request for 12 sessions of physical therapy for the bilateral knees was made to increase range of motion, strengthen, and condition. A request for 12 sessions of acupuncture for the cervical spine was also made due to chronic neck complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL KNEES (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California Guidelines, physical therapy allows for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the conditions of myalgia and myositis, unspecified, at 9 to 10 visits, and neuralgia, neuritis, and radiculitis, unspecified, at 8 to 10 visits. The documentation submitted for review indicated the injured worker had bilateral knee pain with frequent popping and cracking. The injured worker was also noted to have negative meniscal signs, negative patellar grind/apprehension, and negative patellar sign. The documentation submitted also indicated the injured worker had not received any recent treatment for her knees, including medications, injections, or therapy, in a number of years. However, the documentation submitted stated the injured worker had previous physical therapy that was not effective. In the absence of details regarding previous physical therapy treatment, such as number of visits completed, duration of treatment, and measurable objective functional gains made throughout those physical therapy sessions, the request for additional physical therapy is not supported. Additionally, documentation submitted for review failed to provide a change in condition to now warrant physical therapy. As the request for 12 sessions of physical therapy exceeds the guideline recommendations, exceptional factors and change in condition would be needed to warrant physical therapy. Therefore, the request is not supported. Given the above, the request for physical therapy for the bilateral knees (12 sessions) is not medically necessary and appropriate.

ACUPUNCTURE FOR THE CERVICAL SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to help hasten functional recovery. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The documentation submitted for review indicated the request for acupuncture was due to chronic neck pain, as previous physical therapy was noted to be ineffective. Examination of the cervical spine revealed a decrease in active range of motion. The documentation also indicated the injured worker's

current medications included Treximet and Imitrex. However, the documentation failed to provide evidence of the injured worker's current pain medications being reduced or not tolerated. Documentation also failed to provide evidence of the injured worker currently participating in physical therapy. Therefore, the request is not supported. Given the above, the request for acupuncture for the cervical spine (12 sessions) is not medically necessary and appropriate.