

Case Number:	CM14-0000918		
Date Assigned:	01/17/2014	Date of Injury:	08/22/2003
Decision Date:	07/03/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 75 year old man who sustained a work related injury on August 22 2003. Subsequently, he developed chronic lumbar and bilateral knee pain. The patient underwent a right knee surgery on March 29 2005. According to a note dated on November 13 2013 and January 7 2014, the patient continued to have a right greater than left knee pain and back pain exacerbated by movements and standing. The patient physical examination showed lumbar tenderness with reduced range of motion and right knee tenderness with pseudolaxity to valgus maneuver and crepitus with range of motion. The patient was diagnosed with lumbar strain, multilevel lumbar spondylosis and degenerative joint disease. The patient was treated with Norflex and Viocodin, Synvisc knee injection and Acupuncture. The number of acupuncture sessions and not documented. Except from a subjective benefit, there is no objective documentation of benefit form acupuncture. There is no documentation of the number and type of previous knee injections and the effect of these injections on the patient function. The provider requested authorization to use acupuncture and right knee orthovisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE EVERY OTHER WEEK OR TWO TIMES A MONTH FOR MAXIMUM OF 24 SESSIONS PER YEAR QUANTITY :24:00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The patient developed chronic lumbar and right knee pain that was treated with unknown number of acupuncture sessions. There was no documentation of objective pain improvement, functional improvement, improvement of range of motion and reduced need for pain medication over the course of use of acupuncture, More acupuncture treatment is not justified until more information about the efficacy of previous sessions is provided. Therefore, the request for acupuncture once every other week or two times a month for maximum of 24 sessions per year quantity :24:00 is not medically necessary.

**RIGHT KNEE ORTHOVISC INJECTIONS ONCE WEEKLY FOR 3 WEEKS ,
QUANTITY : 3.00:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <) Hyaluronic acid injections,
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." There is no documentation that the patient failed conservative therapies including physical therapy, activity modification, steroid injections, home exercise program and pain medication. In addition, the knee physical examination was limited and there is no documentation of severe knee dysfunction that requires orthovisc

injections. Therefore the request for Right Knee Orthovisc Injections Once Weekly For 3 Weeks , Quantity : 3.00 is not medically necessary.