

<b>Case Number:</b>	CM14-0015234		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Pain Medicine and is licensed to practice in Minnesota. 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 66 year old female with an injury reported on 07/05/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/17/2014 reported that the injured worker complained of right and left knee pain. Upon physical examination the injured worker had decreased range of motion and increased swelling noted to the right knee. It was also noted the injured worker had myospasms to lumbosacral region. The injured worker's diagnoses included thoracolumbar sprain/strain status-post L5-S1 discectomy; status-post left knee arthroscopy with residual medial compartment pain; status-post medial plica excision 11/06/2012; right patella femoral strain possible meniscal tear; status-post right knee arthroscopy 08/21/2013. The provider requested acupuncture x6 thoracic spine, lumbar spine, to decrease pain and increase sleep; and massage therapy x6 to the thoracic spine, lumbar spine; however, the rationale was not provided. The request for authorization was submitted on 01/29/2014. The injured worker's prior treatments included acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 6 THORACIC SPINE, LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The CA MTUS guidelines recognize 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. 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. The injured worker complained of right and left knee pain. It was also noted the injured worker had myospasms to lumbosacral region. It was noted the provider requested to continue current acupuncture treatment as it is helping decrease pain and increase sleep; however, there is a lack of clinical evidence indicating the injured worker had evidence of decreased pain and significant objective functional improvements. There is a lack of clinical documentation provided indicating the amount of acupuncture sessions the injured worker has completed. There is a lack of clinical notes documenting the injured worker's progression and improvement with acupuncture. There is a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of acupuncture. Therefore, the request for acupuncture x6 thoracic spine, lumbar spine is not medically necessary.

**MASSAGE THERAPY X 6 TO THORACIC SPINE, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The CA MTUS guidelines recommend massage therapy as an option which should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The injured worker complained of right and left knee pain. It was also noted the injured worker had myospasms to lumbosacral region. The rationale for massage therapy was not provided. There is a lack of clinical information indicating the injured worker being enrolled in an exercise program or performing an at-home exercise regimen, in adjunct to the massage therapy. Therefore, the request for massage therapy x6 to thoracic spine, lumbar spine is not medically necessary.