

<b>Case Number:</b>	CM14-0129061		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/20/1996
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 licensed in Chiropractic and Acupuncture 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 injured worker is a 54 year old male who reports neck and right knee pain from injury sustained on 8/20/96. Patient was lifting/changing a water closet injuring his right knee; he was undergoing physical therapy for his knee which caused his neck pain. MRI of the cervical spine revealed minor scoliosis of the mid cervical spine, reversal of the expected cervical lordosis attributable to muscle spasm versus patient positioning, slight cord indentation towards left at C3-4 and C4-5 with prominent left neural foraminal stenosis more so at the lateral level, C5-6 disc osteophyte complex with contact to the ventral spinal cord and neural foraminal stenosis bilaterally. MRI of the right knee revealed probable postoperative change to the body and posterior horn of the medial meniscus, tiny defect to the inner margin of the body of the lateral meniscus, chronic tendinosis of the patellar ligament, chronic sprain of the collateral ligament, focal partial thickness articular cartilage defect to the central weight bearing portion of the lateral femoral condyle. X-ray of the right knee revealed minimal amount of edema in the infrapatellar fat pad. X-ray of the left knee revealed minimal medial compartment joint space narrowing and enthesophytes of the patella and cortical thinning at the tibial tuberosity. Patient is diagnosed with knee pain, cervical radiculopathy, cervical facet syndrome, depression and spasm of muscle. Patient has been treated with medication, braces, physical therapy, chiropractic, lumbar facet injections, trigger point injections, TENS and acupuncture (out of pocket) however notes pertaining to prior acupuncture treatment were not provided. Patient also had arthroscopic surgery on the right knee on 01/23/199, surgery involved the kneecap and the kneecap tendon as well as other parts of the right knee joint. Per notes dated 07/16/14, patient complains of an increase in his pain level and rates his quality of sleep as poor. He states he has fallen twice since his last visit, his knee gave out on him when he stepped back causing him to fall. Patient is permanent and stationary as of 09/25/1997 regarding the right knee; he has not worked since

12/01/1999. Primary treating physician requested initial course of 12 acupuncture visits which were denied by the utilization reviewer per guidelines. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve acupuncture visits to the cervical spine as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and upper back), (Acupuncture).

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment however notes from prior treatment were not made available. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Furthermore Official Disability guidelines do not recommend acupuncture for neck and upper back pain. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.