

<b>Case Number:</b>	CM14-0024352		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 General Surgery and is licensed to practice in Texas. 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 59-year-old male, born on [REDACTED]. On 04/07/2004 he and another worker were pulling a 12 foot long 6 X 8 inch plank when it hit his left lower leg, causing his left knee to hyper extend. The patient underwent orthopedic care and a partial medial meniscectomy and chondroplasty of the right knee were performed in 02/2009, followed by left knee surgery. While on crutches, he noticed his hands went "dead." He underwent hand evaluation on 11/06/2009 and was assessed with carpal tunnel syndrome and a carpal tunnel release was performed on 09/09/2010, as well as cubital tunnel release of his elbow. On 11/20/2009 the patient was diagnosed with cervical disc disease at C5-6 with probable nerve injury at that level. The patient underwent medical evaluation on 12/07/2010 with complaints of constant 8/10 cervical spine pain, bilateral elbow pain left worse than right, left thumb pain, and bilateral knee pain left or the right. A physical examination was performed on 12/07/2010 and the patient was diagnosed with history of cervical radiculopathy, ongoing carpal tunnel syndrome, carpometacarpal arthrosis, internal derangement of knees, and cumulative trauma, upper extremities. On 04/20/2011 the patient underwent 1) cervical medial branch facet block, 2) bilateral C5 medial branch facet block, 3) bilateral C6 medial branch facet block, 4) bilateral C7 medial branch facet block, 5) fluoroscopic guidance for spinal injections-45 min., and 6) IV sedation. On 09/27/2013, the patient was seen in follow-up with ongoing complaints of neck pain. The patient was to continue physical therapy and acupuncture. There was a request for PT 2 times per week for 6 weeks and 6 acupuncture treatment sessions. The progress report of 01/21/2014 notes the patient was seen in follow-up for continued complaints of neck pain. The exam of 01/21/2014 revealed cervical range of motion was flexion 45, extension 45, and bilateral rotation 45, and neurologic exam intact, and the patient was diagnosed with cervical spondylosis and stenosis, and C5-6 anterior cervical fusion was recommended. Also recommended on 01/21/2014 was 8 visits of physical

therapy and 12 visits of acupuncture. The physician's PR-2 of 06/18/2014 reports the patient was seen in follow-up for multiple hand conditions. Physical examination of 06/18/2014 revealed well healed scars, mildly tender to palpation of thumb CMC and MCP joints, thenar and intrinsics strength 5/5, sensation intact to light stroke testing, right thumb CMC abduction 60, MCP +10/50, IP +20/60, and tip touches 5th MCP. The imaging of 03/19/2014 revealed loose body, subluxation and small spurs at thumb CMC joint. Eight visits of acupuncture were recommended.

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

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

**ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** The request for acupuncture treatment sessions is not supported by California MTUS Acupuncture Medical Treatment Guidelines to be medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no evidence the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary. When acupuncture is supported, CA MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. This patient had treated with an unknown number of prior acupuncture treatment sessions, at least 6 sessions, but there was no evidence of functional improvement with acupuncture treatments already completed; therefore, additional acupuncture treatment sessions are not supported to be medically necessary.