

<b>Case Number:</b>	CM15-0165883		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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, who sustained an industrial injury on January 31, 2013, incurring right knee injuries. She was diagnosed with osteoarthritis of the right knee. Treatment included acupuncture, physical therapy and home exercise program, Synvisc injections, work restrictions, pain medications, and diagnostic imaging. She underwent a right knee arthroscopy. Currently, the injured worker complained of increased right knee swelling and pain with numbness and tingling, sleep disruption, balancing problems, and difficulty walking. The treatment plan that was requested for authorization included chiropractic sessions treatment and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with chiropractic supervised physiotherapy/myofascial release 2 x 6:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The 66 year old patient complains of pain in bilateral knees, as per progress report dated 12/22/14. The request is for CHIROPRACTIC TREATMENT WITH CHIROPRACTIC SUPERVISED PHYSIOTHERAPY/MYOFASCIAL RELEASE 2 x 6. There is no RFA for this case, and the patient's date of injury is 01/13/13. Diagnoses, as per progress report dated 12/22/14, included right knee internal derangement and osteoarthritis. The patient is status post right knee surgery in 2013. As per patient questionnaire dated 12/22/14, the patient is experiencing headaches, neck pain, lower back pain, and upper extremity pain as well. The patient is not working, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, Manual therapy and Manipulation section, pages 58 and 59 recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, only one progress report dated 12/22/14 is available for review. The report is handwritten and parts of it are difficult to decipher. In the patient questionnaire associated with this report, the patient appears to say she has had 5 sessions of chiropractic therapy sessions. This is not documented clearly. Additionally, the treater does not document the efficacy of this treatment modality in terms of improvement in function and reduction in pain. MTUS allows for an initial trial of 6 sessions. A total of 18 sessions are allowed with documentation of objective functional improvement from the trial. Given the lack of relevant documentation, the treater's request for 12 sessions IS NOT medically necessary.

**Acupuncture 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The 66 year old patient complains of pain in bilateral knees, as per progress report dated 12/22/14. The request is for ACUPUNCTURE 2 x 6. There is no RFA for this case, and the patient's date of injury is 01/13/13. Diagnoses, as per progress report dated 12/22/14, included right knee internal derangement and osteoarthritis. The patient is status post right knee surgery in 2013. As per patient questionnaire dated 12/22/14, the patient is experiencing headaches, neck pain, lower back pain, and upper extremity pain as well. The patient is not working, as per the same report. For acupuncture, the MTUS Acupuncture Treatment Guidelines 2007 page 8 Acupuncture section recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, only one progress report dated 12/22/14 is available for review. The report is handwritten and parts of it are difficult to decipher. As per patient questionnaire associated with this report, the patient has had some acupuncture therapy. The treater, however, does not document objective functional improvement from prior therapy, as required by MTUS for additional sessions. Given the lack of relevant documentation, the request IS NOT medically necessary.

