

Case Number:	CM15-0194617		
Date Assigned:	10/08/2015	Date of Injury:	05/16/2013
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old woman sustained an industrial injury on 5-16-2013. Diagnoses include status post right knee arthroscopy, right knee internal derangement and degenerative joint disease, left knee internal derangement and degenerative joint disease and medial meniscus tear, thoracic spine strain with degenerative joint-disc disease, cervical spine strain with degenerative joint-disc disease, lumbar spine degenerative joint-disc disease, bilateral wrist tendinitis and carpal tunnel syndrome, lumbar disc protrusion, and cervical disc protrusion. Treatment has included oral medications. Physician notes dated 9-9-2015 show complaints of bilateral knee pain, cervical and lumbar spine pain. The physical examination shows ability to heel toe walk without difficulty an inability to fully squat or duck waddle due to right knee pain. Tenderness to palpation has been noted to the paravertebral and trapezius muscles of the cervical spine, cervical spine range of motion is noted to be flexion 40 degrees, right lateral bending 35 degrees, left lateral bending 40 degrees, right lateral rotation 45 degrees, left lateral rotation 50 degrees, and extension 40 degrees. Increased pain is noted with range of motion. Tenderness to palpation is noted to the paravertebral muscles of the thoracic spine with a "mild limitation in range of motion" without measurements. The bilateral wrists show tenderness to palpation over the flexor-extensor compartment and carpal canals. Patchy decreased sensation is noted in the bilateral upper extremities. Tenderness to palpation is noted to the paravertebral muscles of the lumbar spine with range of motion as flexion 25 degrees, right lateral bending 20 degrees, left lateral bending 20 degrees, right lateral rotation 20 degrees, left lateral rotation 25 degrees, and extension 15 degrees. The right knee shows tenderness to palpation over the medial joint line,

medial pain with McMurray's maneuver; mild patellofemoral irritability with patella excursion and tracking, 4 out of 5 hamstring and quadriceps strength and range of motion is 0-120 degrees. The left knee shows tenderness to palpation over the lateral joint line, lateral pain with McMurray's maneuver, mild patellofemoral irritability with patella excursion and tracking and range of motion is 0-125 degrees. Recommendations include acupuncture and follow up in four weeks. Utilization Review denied a request for acupuncture to the cervical and lumbar spine regions as well as the bilateral knees on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for the Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 8, 2015 denied the treatment request for cervical, lumbar and knee acupuncture, two visits per week for three weeks citing CA MT US acupuncture treatment guidelines and the patient's failure to demonstrate functional improvement. Examination findings in the 8/19/15 re-examination demonstrated regional tenderness in the cervical spine with range of motion loss, decreased sensation in the upper extremities especially the median nerve distribution, lumbar spine range of motion loss with pain on extension and right knee pain with effusion, tenderness and positive orthopedic testing. Left knee exam was status post knee arthroscopy in 2013 and 2014 was secondary degenerative joint disease of the bilateral knees, cervical spine and lumbar spine. They reviewed medical records did not identify any prior trial of acupuncture to either the cervical spine, lumbar spine or bilateral knee regions leaving this request an initial trial of care that per CA MTUS acupuncture treatment guidelines is six sessions with evidence of functional improvement documented should additional treatment be requested. They reviewed medical records support the medical necessity for an initial trial of acupuncture, six visits to the cervical, lumbar and bilateral knee regions as requested and supported by CA MTUS acupuncture treatment guidelines. Therefore, the requested treatment is medically necessary.

Acupuncture 2x3 for the Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 8, 2015 denied the treatment request for cervical, lumbar and knee acupuncture, two visits per week for three weeks citing CA MT US acupuncture treatment guidelines and the patient's failure to demonstrate functional improvement. Examination findings in the 8/19/15 re-examination demonstrated regional tenderness in the cervical spine with range of motion loss, decreased sensation in the upper extremities especially the median nerve distribution, lumbar spine range of motion loss with pain on extension and right knee pain with effusion, tenderness and positive orthopedic testing. Left knee exam was status post knee arthroscopy in 2013 and 2014 was secondary degenerative joint disease of the bilateral knees, cervical spine and lumbar spine. They reviewed medical records did not identify any prior trial of acupuncture to either the cervical spine, lumbar spine

or bilateral knee regions leaving this request an initial trial of care that per CA MTUS acupuncture treatment guidelines is six sessions with evidence of functional improvement documented should additional treatment be requested. They reviewed medical records support the medical necessity for an initial trial of acupuncture, six visits to the cervical, lumbar and bilateral knee regions as requested and supported by CA MTUS acupuncture treatment guidelines. Therefore, the requested treatment is medically necessary.

Acupuncture 2x3 for the Bilateral Knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 8, 2015 denied the treatment request for cervical, lumbar and knee acupuncture, two visits per week for three weeks citing CA MT US acupuncture treatment guidelines and the patient's failure to demonstrate functional improvement. Examination findings in the 8/19/15 re-examination demonstrated regional tenderness in the cervical spine with range of motion loss, decreased sensation in the upper extremities especially the median nerve distribution, lumbar spine range of motion loss with pain on extension and right knee pain with effusion, tenderness and positive orthopedic testing. Left knee exam was status post knee arthroscopy in 2013 and 2014 was secondary degenerative joint disease of the bilateral knees, cervical spine and lumbar spine. They reviewed medical records did not identify any prior trial of acupuncture to either the cervical spine, lumbar spine or bilateral knee regions leaving this request an initial trial of care that per CA MTUS acupuncture treatment guidelines is six sessions with evidence of functional improvement documented should additional treatment be requested. They reviewed medical records support the medical necessity for an initial trial of acupuncture, six visits to the cervical, lumbar and bilateral knee regions as requested and supported by CA MT US acupuncture treatment guidelines. Therefore, the requested treatment is medically necessary.