

<b>Case Number:</b>	CM15-0200425		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

This is a 46 year old male with a date of injury on 3-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrists, bilateral knees and lower back pain. Progress report dated 9-1-15 reports complaints of left knee pain, right knee pain, and bilateral wrist pain. The left knee pain is described as sharp, stabbing and throbbing rated 7 out of 10. MRI revealed grade III chondromalacia patella. Surgery was held off due to diabetes. Right knee pain (compensatory) is described as sharp, stabbing and throbbing rated 6 out of 10. Bilateral wrist pain is sharp, stabbing and throbbing rated 5 out of 10. Physical exam: wrist tests- Phalen's negative bilaterally, increased pain with radial deviation on the left wrist. Knee tests: left and right knee anterior drawer negative, positive for valgus median, varus lateral, patellar grinding, bounce home lachman's, patellofemoral grind and varus stress at 0 degrees. Request for authorization was made for Acupuncture 12 visits, 15 additional minutes on each session 12 and infrared lamp with sessions 12 bilateral wrists, bilateral knees and lower back, Myofascial release (chiropractic treatment) 2 times per week for 6 weeks bilateral wrists, bilateral knees and lower back. And Comprehensive Consult High Complex. Utilization review dated 10-12-15 modified the request to certify Acupuncture only and non-certify Chiropractic and Comprehensive Consult High Complex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release (chiropractic treatment) 2x a week for 6 weeks for the bilateral wrists, bilateral knees and lower back: Upheld**

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

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

**Decision rationale:** Based on the 09/01/15 progress report provided by treating physician, the patient presents with diabetes and pain to the bilateral wrists and knees. The patient is status post L4-L5 discectomy in 1986. The request is for myofascial release (chiropractic treatment) 2x a week for 6 weeks for the bilateral wrists, bilateral knees and lower back. RFA dated 09/01/15 provided. Patient's diagnosis on 09/01/15 includes left knee grade III chondromalacia patella, right knee tenosynovitis r/o derangement (compensatory), bilateral wrist tenosynovitis, and lumbar spine facet syndrome (compensatory). Physical examination of the wrist on 09/01/15 revealed increased pain with radial deviation on the left wrist. Examination of the bilateral knees revealed positive valgus median, varus lateral, patellar grinding, bounce home lachman's, patellofemoral grind and varus stress at 0 degrees. Patient's medications include Metformin, Glipizide, Lisinopril and Aspirin. The patient is temporarily totally disabled, per 09/01/15 report. MTUS, Manual Therapy and Manipulation Section, pages 58, 59 states that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, 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. Treater is requesting chiropractic myofascial release for the patient's wrists, knees and lower back. The patient has had a back surgery in the past, but treater has not discussed patient's low back pain, and there are no examination findings pertaining to the lumbar spine in provided reports. Furthermore, MTUS does not recommend chiropractic for wrist and knee conditions. In addition, UR letter dated 10/12/15 states that the patient has already "had certification for 6 chiropractic sessions." Furthermore, the request for 12 additional sessions would exceed what is allowed by MTUS. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Acupuncture to the bilateral wrists, bilateral knees, and lower back x12 sessions with 15 minutes additional on each session for infrared lamp: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter Infrared.

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

**Decision rationale:** Based on the 09/01/15 progress report provided by treating physician, the patient presents with diabetes and pain to the bilateral wrists and knees. The patient is status post L4-L5 discectomy in 1986. The request is for acupuncture to the bilateral wrists, bilateral knees, and lower back x12 sessions with 15 minutes additional on each session for infrared lamp. RFA dated 09/01/15 provided. Patient's diagnosis on 09/01/15 includes left knee grade III chondromalacia patella, right knee tenosynovitis r/o derangement (compensatory), bilateral wrist tenosynovitis, and lumbar spine facet syndrome (compensatory). Physical examination of the wrist on 09/01/15 revealed increased pain with radial deviation on the left wrist. Examination of the bilateral knees revealed positive valgus median, varus lateral, patellar grinding, bounce home lachman's, patellofemoral grind and varus stress at 0 degrees. Patient's medications include Metformin, Glipizide, Lisinopril and Aspirin. The patient is temporarily totally disabled, per 09/01/15 report. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Given patient's diagnosis and continued symptoms, a short course of acupuncture would appear to be reasonable. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on documented functional improvement. In this case, treater requests 12 initial sessions without first establishing efficacy. Were the request for 3-6 initial sessions, the recommendation would be for authorization. However, the request as stated exceeds what is allowed by guidelines and cannot be substantiated. Therefore, the request is not medically necessary.

**Retrospective consult high complex (DOS: 9/1/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127.

**Decision rationale:** Based on the 09/01/15 progress report provided by treating physician, the patient presents with diabetes and pain to the bilateral wrists and knees. The patient is status post L4-L5 discectomy in 1986. The request is for retrospective consult high complex (DOS: 9/1/15). RFA dated 09/01/15 provided. Patient's diagnosis on 09/01/15 includes left knee grade III chondromalacia patella, right knee tenosynovitis r/o derangement (compensatory), bilateral wrist tenosynovitis, and lumbar spine facet syndrome (compensatory). Physical examination of the wrist on 09/01/15 revealed increased pain with radial deviation on the left wrist. Examination of the bilateral knees revealed positive valgus median, varus lateral, patellar grinding, bounce home lachman's, patellofemoral grind and varus stress at 0 degrees. Patient's medications include Metformin, Glipizide, Lisinopril and Aspirin. The patient is temporarily totally disabled, per 09/01/15 report. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when

the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per 09/01/15 report, treater requests "orthopedic consultation regarding bilateral knees. The patient has made slight progress with the short course of active and passive therapy he has received. Based on the MRI, the patient is a candidate for left knee replacement. The patient reported that he has been experiencing pain to his right knee. I have attached the MRI to the right knee. The patient stated that he did received authorization for left knee surgery; however he was unable to undergo the procedure due to his diabetes being elevated and uncontrolled." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested second opinion consultation. Given the patient's continued pain symptoms and diagnosis, this request appears reasonable and may benefit the patient. Therefore, the request is medically necessary.