

Case Number:	CM15-0202254		
Date Assigned:	10/19/2015	Date of Injury:	12/26/2014
Decision Date:	12/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 12-26-2014. The injured worker is currently able to return to modified work as of 09-03-2015. Medical records indicated that the injured worker is undergoing treatment for cervical disc protrusion, cervical pain, left knee pain, and pain in lower leg joint. Treatment and diagnostics to date has included cervical spine MRI, lumbar spine MRI, and medications. Recent medications have included Naprosyn, Pantoprazole, and Cyclobenzaprine. Subjective data (09-03-2015), included cervical spine (rated 6 out of 10) and left knee pain (rated 9 out of 10). Objective findings (09-03-2015) included painful cervical spine range of motion and tenderness to palpation of the left medial knee. The request for authorization dated 09-03-2015 requested Ibuprofen, MRI of the left knee, chiropractic therapy (therapeutic exercise) for cervical and left knee 2x6, acupuncture for cervical and left knee, cane, and hinged left knee brace. The Utilization Review with a decision date of 10-07-2015 modified the request for chiropractic treatment for cervical spine and left knee 2x week x 6 weeks and Acupuncture for cervical spine and left knee 2x week x 6 weeks to chiropractic treatment for cervical spine and left knee x 6 visits and Acupuncture for cervical spine and left knee x 6 visits and non-certified the request for hinged left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy (therapeutic exercises), cervical spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back; Chiropractic guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Manipulation.

Decision rationale: Per ODG guidelines chiropractic treatment is recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Further, several reports have, in rare instances, linked chiropractic manipulation of the neck in patients 45 years of age and younger to dissection or occlusion of the vertebral artery. The rarity of cerebrovascular accidents makes any association unclear at this time and difficult to study. Trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. The request exceeds the guideline limits. The request is not medically necessary and appropriate.

Chiropractic therapy (therapeutic exercises), left knee, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee - manipulation.

Decision rationale: Per ODG guidelines chiropractic treatment for the knee is not recommended. There are no studies showing that manipulation is proven effective for patients with knee and leg complaints. The request is not medically necessary and appropriate.

Acupuncture therapy, cervical spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Acupuncture.

Decision rationale: Per ODG guidelines acupuncture therapy is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The beneficial effects of acupuncture for pain may be due to both nonspecific and specific effects. Guidelines indicate that this therapy is not recommended. The request is not medically necessary and appropriate.

Acupuncture therapy, left knee, 2 times weekly for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee - acupuncture.

Decision rationale: Recommended as an option for osteoarthritis, but benefits are limited. The documentation notes medial knee pain on the left but no diagnosis of osteoarthritis. The request is not medically necessary and appropriate.

Hinged left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee - Knee Brace.

Decision rationale: Per ODG guidelines prefabricated knee braces may be appropriate in some patients. Indications for knee brace include the following conditions knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis and tibial plateau fracture. The documentation notes decreased ROM due to pain and medial joint tenderness but none of the diagnoses above. The request is not medically necessary and appropriate.