

<b>Case Number:</b>	CM15-0025486		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 (IW) is a 22 year old male who sustained an industrial injury on 11/18/2014. He initially reported left knee pain rated 10/10; left wrist pain of 3/10, mid back pain of 5-6/10; and headaches 2x per day located temporally. The symptoms have decreased to where the left knee pain is rated a 3/10, he has intermittent mid back pain, and he no longer has headaches or left wrist pain. Diagnoses include sprains and strains of unspecified site of knee and leg, pathologic fracture of tibia or fibula. Treatment to date includes chiropractic treatments, and medications. A progress note from the treating provider dated 01/14/2015 indicates the IW had decreased flexion and extension of the left knee and complained of pain on active flexion and extension. Tenderness was present over the medial and lateral joint lines, the anterior and inferior aspect of the patella and at the anterior superior tibial plateau. Earlier x-rays at the time of the injury (11/19/2014) revealed closed fracture of the upper end tibia and contusion of the left knee. On 02/03/2015 Utilization Review modified a request for 2 times a week for 6 weeks Chiropractic treatment for left knee to 3 sessions Chiropractic. The MTUS Chronic Pain Guidelines were cited; non-certified a request for orthopedic evaluation for left knee. The ACOEM guidelines were cited; and non-certified a request for Trail Acupuncture 2 times a week for 3 weeks for left knee. The MTUS Acupuncture Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 times a week for 6 weeks Chiropractic treatment for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

**Decision rationale:** The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. The request for 2 visits week x 6 weeks exceeds the recommended visits. The original UR decision modified the request to approve 6 visits total. The request for 2 x 6 chiropractic visits for knee is not medically necessary.

**Trail Acupuncture 2 times a week for 3 weeks for left knee:** Overturned

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

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

**Decision rationale:** CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments.2) Frequency: 1 to 3 times per week.3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The request for 2 x 3 acupuncture treatments of left knee is within the guidelines and is medically necessary.

**Ortho evaluation for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to

a course of conservative management or consideration of surgical intervention. The medical records in this case contain no documentation of any indication for orthopedic follow up. As such, orthopedic evaluation of left knee is not medically indicated.