

<b>Case Number:</b>	CM15-0025894		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 59 year old male, who sustained an industrial injury on 10/3/13. The injured worker has injuries to his left wrist/hand; left knee; right knee and chronic low back pain. The diagnoses have included meniscal syndromes in both knees; arthrodesis in the left wrist and acoustic trauma hearing loss. Treatment to date has included arthrodesis of the left wrist; infiltrations of the left knee with cortisone; Magnetic Resonance Imaging (MRI) of the left knee 8/26/14 the impression showed anterior horn lateral meniscus tear and also in the posterior horn of the meniscus; physical therapy; Magnetic Resonance Imaging (MRI) of the right knee showed an extensive tear of the mid body and posterior horn of the medial meniscus of the fifth knee, also focal chondral defects and chondral flap of the medial femoral condyle of the right knee, also a small knee effusion and Baker cyst with loose osteochondral body. According to the utilization review performed on 1/29/15, the requested Office visits x 3 has been modified to allow office visit times 1. The requested Acupuncture x 12 for the lumbar spine has been modified to Acupuncture x 4 for the lumbar spine. The requested Physical therapy x 12 for the cervical, lumbar and bilateral knees and MRI of the lumbar spine has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines; ACOEM Guidelines page 92, page 127 and page 80; CA MTUS Acupuncture Medical Treatment Guidelines; Guidelines/References, Physical Therapy; Official Disability Guidelines, low back, lumbar and thoracic (Acute and Chronic) Chapter Magnetic Resonance Imaging (MRI) were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 92, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 10/03/2013 and presents with left wrist/hand pain, left knee meniscal syndrome, right knee meniscal syndrome, chronic low back pain, acoustic trauma (hearing loss), arterial hypertension, and hypothyroidism. The request is for OFFICE VISITS X 3. The RFA is dated 01/19/2015, and the patient has "bilateral knee meniscal syndrome, which prevents him from any kind of job that he was doing before." ACOEM Practice Guidelines, 2nd edition (2004), page 127, states the following, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has arthrodesis and no movement of the left wrist. On examination and palpation of the area of the left wrist, the patient has pain, which goes across the joint. The patient has meniscal syndromes in both knees and a decreased flexion in the right knee. Both knees show deformities in the anterior part and in the intraarticular line. Palpation of the intraarticular line in both knees is tender. The McMurray test for the lesions of the meniscus is positive in both knees. The reason for the request is not provided. Although the patient has pain in his lower back, both knees, and left wrist, there is no indication of why 3 office visits are necessary. Therefore, the requested office visit x3 IS NOT medically necessary.

**Acupuncture x 12 for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guideline Page(s): 13.

**Decision rationale:** The patient was injured on 10/03/2013 and presents with left wrist/hand pain, left knee meniscal syndrome, right knee meniscal syndrome, chronic low back pain, acoustic trauma (hearing loss), arterial hypertension, and hypothyroidism. The request is for ACUPUNCTURE 12 SESSIONS. The RFA is dated 01/19/2015, and the patient has "bilateral knee meniscal syndrome, which prevents him from any kind of job that he was doing before." Review of the reports provided does not indicate if the patient has had any prior acupuncture. For acupuncture, the MTUS guidelines, page 8, recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for child, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant

improvement of ADLs or change in work status, and reduced dependence on medical treatments. In this case, the patient complains about chronic low back pain, right/left knee meniscal syndrome, and left wrist/hand pain. There is no mention of the patient having any prior acupuncture sessions. MTUS supports initial trial of 3 to 6 acupuncture treatments and additional treatments with functional improvement. The requested acupuncture 12 sessions IS NOT medically necessary.

**Physical therapy x 12 for the cervical, lumbar and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 10/03/2013 and presents with left wrist/hand pain, left knee meniscal syndrome, right knee meniscal syndrome, chronic low back pain, acoustic trauma (hearing loss), arterial hypertension, and hypothyroidism. The request is for ACUPUNCTURE 12 SESSIONS. The RFA is dated 01/19/2015, and the patient has "bilateral knee meniscal syndrome, which prevents him from any kind of job that he was doing before." Review of the reports provided does not indicate if the patient has had any prior physical therapy. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the treater is requesting for 12 sessions of therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter MRI.

**Decision rationale:** The patient was injured on 10/03/2013 and presents with left wrist/hand pain, left knee meniscal syndrome, right knee meniscal syndrome, chronic low back pain, acoustic trauma (hearing loss), arterial hypertension, and hypothyroidism. The request is for ACUPUNCTURE 12 SESSIONS. The RFA is dated 01/19/2015, and the patient has "bilateral knee meniscal syndrome, which prevents him from any kind of job that he was doing before." Review of the reports provided does not indicate if the patient has had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "An equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient

evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study."ODG Guidelines on low back chapter MRI topic states that "MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation.It does not appear that the patient had a prior MRI of his lumbar spine. The diagnoses have included meniscal syndromes in both knees; arthrodesis in the left wrist and acoustic trauma hearing loss. Treatment to date has included arthrodesis of the left wrist and infiltrations of the left knee with cortisone. The 03/06/15 report states that the patient's low back pain is "aggravated by his regular occupation and his work as a carpenter in construction." There are no positive exam findings provided regarding the lower back. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the requested MRI of the lumbar spine IS medically necessary.