

Case Number:	CM15-0043257		
Date Assigned:	03/13/2015	Date of Injury:	09/23/2007
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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 9/23/2007. He reported injury to his back and left knee, while lifting a heavy barrel. The injured worker was diagnosed as having status post left knee arthroscopy, lumbar degenerative disc disease, mild stenosis, and facet disease with neural foraminal narrowing, small posterior medial meniscus tearing, chondromalacia, patella of left knee, non-displaced fracture of the left medial femoral condyle, and status post 3 lumbar epidural spinal injections (last one 10/07/2010). Treatment to date has included surgical (2/25/2011 left subtotal medial meniscectomy, synovectomy, and chondroplasty) and conservative measures, including diagnostics, physical therapy, injections, and medications. Currently, the injured worker complains of lumbar pain, rated 4-5/10, with radiation to both lower extremities and associated with numbness and tingling. Limited range of motion was noted. His left knee pain was rated 7/10 and limited range of motion was noted. He reported depression, stress, anxiety, and insomnia, as a result of industrial injuries. He was currently not working. Medications for pain included Norco, Piroxicam, and Nabumetone. Recent magnetic resonance imaging reports of the lumbar spine and left knee were referenced in the PR2 report, dated 2/05/2015. Physical exam of the lumbar spine noted moderate tenderness over L4-5 and positive supine straight leg raise test. Physical exam of the left knee noted discomfort at the end range of motion (to 130 degrees), moderate tenderness over the medial tibiofemoral joints space, positive patellar grind test, and positive McMurray's test. The treatment plan included chiropractic physiotherapy plus manipulation, as well as acupuncture, lumbar spine and left knee. Previous acupuncture treatment, as well as physiotherapy, was

referenced but sessions were not completed due to travel constraints. The effectiveness of the treatments was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

Decision rationale: The patient presents with lumbar spine pain radiating to lower extremities rated at 4-5/10 and left knee pain rated at 7/10. The request is for CHIROPRACTIC MANIPULATION X 12. The request for authorization is dated 02/09/15. The patient is status-post left knee surgery, 02/25/11. MRI of the left knee, 01/08/15, shows moderate sprain of the anterior cruciate ligament, complex tear and partial extrusion of the body of the medial meniscus, nondisplaced fracture of the medial femoral condyle with surrounding marrow edema, and significant chondromalacia medial femorotibial compartment. MRI of the lumbar spine, 11/11/14, shows degenerative disease identified with mild spinal canal stenosis at L4-L5, facet degenerative disease, neuroforaminal narrowing and potential nerve root contact. An EMG study has been performed of the lower extremities. Range of motion is limited in the lumbar spine and left knee. The patient is positive straight leg test bilaterally. The patient is positive Patellar Grind and McMurray's test. Patient underwent epidural steroid injections, 06/10/10 and 2011. He was provided with pain injections for his left knee. He states he completed two months of physical therapy. He was provided a knee brace. Patient's medications include Aspirin, Atorvastatin, Famotidine, Hydrochlorothiazide, Norco, Piroxicam and Nabumetone. The patient is not working. MTUS 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, and then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater does not discuss the request. Treatment history is not provided and there is no mention patient has had chiropractic manipulation in the past. In this case, given the patient's condition, an initial trial of 6 visits would be reasonable. However, the request for 12 sessions of chiropractic manipulations would exceed MTUS guidelines. Therefore, the request IS NOT medically necessary.

Acupuncture x 12: 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 Guidelines Page(s): 13.

Decision rationale: The patient presents with lumbar spine pain radiating to lower extremities rated at 4-5/10 and left knee pain rated at 7/10. The request is for ACUPUNCTURE X 12. The request for authorization is dated 02/09/15. The patient is status-post left knee surgery, 02/25/11. MRI of the left knee, 01/08/15, shows moderate sprain of the anterior cruciate ligament, complex tear and partial extrusion of the body of the medial meniscus, nondisplaced fracture of the medial femoral condyle with surrounding marrow edema, and significant chondromalacia medial femorotibial compartment. MRI of the lumbar spine, 11/11/14, shows degenerative disease identified with mild spinal canal stenosis at L4-L5, facet degenerative disease, neuroforaminal narrowing and potential nerve root contact. An EMG study has been performed of the lower extremities. Range of motion is limited in the lumbar spine and left knee. The patient is positive straight leg test bilaterally. The patient is positive Patellar Grind and McMurray's test. Patient underwent epidural steroid injections, 06/10/10 and 2011. He was provided with pain injections for his left knee. He states he completed two months of physical therapy. He was provided a knee brace. Patient's medications include Aspirin, Atorvastatin, Famotidine, Hydrochlorothiazide, Norco, Piroxicam and Nabumetone. The patient is not working. 9792.24.1. 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)." Treater does not discuss the request. Per progress report dated, 02/05/15, "The patient states he had initiated acupuncture. He has never completed those sessions, which were afforded to him, due to travel constraints." However, there are no treatment history or acupuncture notes available for review. Given patient's condition, a trial of acupuncture would be indicated by guidelines. However, the request for 12 sessions exceeds what is allowed by MTUS for a trial of acupuncture. If the treater's intent is additional treatments, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. However, there is no discussion of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.