

<b>Case Number:</b>	CM15-0045698		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 38-year-old female who reported injury on 06/29/2011. The mechanism of injury was not provided. The injured worker was noted to undergo urine drug screens. The documentation indicated the injured worker underwent acupuncture sessions and manual therapy during 2014. There is a Request for Authorization submitted for review for acupuncture on 02/03/2015. The documentation of 01/16/2015 revealed the injured worker had continuous bilateral knee pain that was left greater than right. The injured worker had positive tenderness to the medial joint line in the bilateral knees. The lumbar spine flexion was decreased. The diagnoses included medial meniscus tear and lumbar spine disc herniation. The treatment plan included chiropractic care 2 times a week x6 weeks and acupuncture 1 time a week x6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 1xWk x 6Wks to the lumbar spine and bilateral knee, QTY: 6:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3-6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had undergone prior acupuncture. There was a lack of documentation indicating the injured worker had a clinically significant improvement in activities of daily living or a reduction in work restrictions. Additionally, there was a lack of documentation indicating the quantity of sessions previously attended. Given the above, the request for acupuncture, 1xwk x 6wks to the lumbar spine and bilateral knee, qty: 6 is not medically necessary.

**Chiropractic, 2xWk x 6Wks to the lumbar spine and bilateral knee, QTY: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculo-skeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had undergone prior manual therapy for the knee and the lumbar spine. However, manual therapy is not recommended for the knee. Additionally, there was a lack of documentation indicating the injured worker had an improvement in function, decreased pain or improvement in quality of life. The quantities of sessions previously attended were not provided. 12 sessions would be excessive. Given the above, the request for chiropractic, 2xwk x 6wks to the lumbar spine and bilateral knee, qty: 12 is not medically necessary.

