

<b>Case Number:</b>	CM15-0005255		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 46-year-old female, with a reported date of injury of 09/06/2006. The diagnoses include cervical thoracic myofascial dysfunction, neck pain, neck sprain/strain, left shoulder sprain/strain, and left knee sprain. Treatments have included physical therapy, Ibuprofen, and an MRI of the left knee, which showed collateral ligament strain. The medical records provided for review included the physical therapy reports for eight (8) physical therapy reports from 07/28/2014 thru 09/15/2014. The progress report dated 11/12/2014 indicates that the injured worker complained of neck, low back, and bilateral knee pain. She mentioned that her neck was bothering her the most at that time. She rated her neck pain 3-4 out of 10, and described it as constant, throbbing, and aching. The left shoulder and left knee pain was described as a dull ache. The physical examination showed full range of motion of the neck, a tight nodule at the base of the neck in the trapezius region of a myofascial trigger point, and no radicular pattern of pain to the arm; full range of motion of the left shoulder, no adenopathy, and normal neurovascular function of the upper and lower extremities; no effusion with full motion of the left knee, and pain along the medial joint line. The treating physician requested physical therapy with dry needle techniques, which worked for the injured worker in that area. On 12/18/2014, Utilization Review denied the request for physical therapy with dry needling technique, noting that dry needling has not been adequately proven with regards to overall effectiveness and safety. The Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with dry needling technique, Qty:12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC; Neck and Upper Back Chapter, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain Chapter, Dry Needling

**Decision rationale:** The patient was injured on 09/06/06 and presents with neck pain, low back pain, and bilateral knee pain. The request is for Physical Therapy With Dry Needling Technique, Qty: 12. The RFA is provided from 11/28/14 and the patient is not currently working. The patient has had at least 6 sessions of physical therapy from 07/28/14- 09/22/14. 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 98 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. ODG Guidelines Pain Chapter, Section Dry Needling states that "The term dry needling, using solid needles for therapy, without an injectable liquid, is used in the context of acupuncture, trigger point injections, or percutaneous needle tenotomy". Review of the reports provided does not mention if the patient had any recent surgery. In this case, it appears that the patient has had at least 6 sessions of therapy. An additional 12 sessions of therapy to the 6 sessions she has already had exceeds what is recommended by MTUS guidelines. The requested physical therapy is not medically necessary.