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| <b>Case Number:</b>   | CM15-0010540 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 08/06/2014 |
| <b>Decision Date:</b> | 03/18/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/19/2015 |

### 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: Oriental 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 (IW) is a 27 year old male, who sustained an industrial injury on August 6, 2014. He has reported ongoing pain in the neck and left knee and was diagnosed with left knee strain, left knee meniscus tear, cervical strain and whiplash injury of the neck. Treatment to date has included diagnostic studies and conservative therapy treatments (including acupuncture) as well as pain medications. Currently, the IW complains of continued neck and left knee pain. On November 7, 2014, an evaluation revealed continued pain in the left knee and neck Pain. It was noted a review of a magnetic resonance image from September 16, 2014, which revealed abnormalities and surgical correction was recommended. On January 5, 2015, evaluation revealed continued pain in the neck and left knee. Acupuncture therapy and steroid injections were ordered. On January 9, 2015, Utilization Review non-certified a request for electropuncture, infrared, myofascial release 2 times per week for 6 week for the cervical spine and knee, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested electropuncture, infrared, myofascial release 2 times per week for 6 week for the cervical spine and knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electroacupuncutre, infrared, myofascial release twice a week for six weeks for the cervical spine and left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/7/14)

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Passive therapy (those treatment modalities that do not require energy expenditure on the part).

**Decision rationale:** The patient underwent an unknown number of acupuncture sessions, myofascial release and heat treatment in the past with benefits obtained described as "functional improvement" (no specifics were reported like medication intake reduction, work restrictions reduction etc.) . As the patient continued symptomatic, the provider requested additional acupuncture x 12, myofascial release x 12 and heat treatment x 12. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity. In regards to the myofascial release and heat treatment request, these modalities are not supported for medical necessity as standalone treatments. As acupuncture (main procedure) is not supported for medical necessity, the myofascial release and heat will not be supported for as appropriate, medically necessary. Also, based on the Chronic Pain Medical Guidelines, page 99, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment." The injury that the patient presents is of a chronic nature, without a clear flare up documented, therefore additional passive therapy requested (myofascial release x 12 and heat x 12) is not supported for medical necessity.