

<b>Case Number:</b>	CM15-0170534		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/21/2000
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old female, who sustained an industrial injury on April 21, 2000, incurring low back, right knee and right wrist injuries. She was diagnosed with a right wrist sprain, lumbar spine sprain, lumbar radiculopathy, and right knee degenerative joint disease and right knee internal derangement. Treatment included pain medications, acupuncture, muscle relaxants, anti-inflammatory drugs, proton pump inhibitor, orthopedic consultation and restricted activities and modifications. Currently the injured worker complained of low back pain radiating to the right lower extremity to the right foot with paresthesia to the right foot rated 7 out of 10 and right knee pain rated 5-6 out of 10. She noted difficulty walking with weakness and instability. She complained of numbness and tingling in the lower right extremity secondary to the increased pain. The injured worker noted limited range of motion of the right knee. Due to the pain in her right knee, she related having difficulty in being active and performing activities of daily living. Acupuncture was requested as the injured worker reported to have moderate benefit from previous acupuncture treatments. The treatment plan that was requested for authorization on August 31, 2015, included a right knee brace and acupuncture two times a week for four weeks to the right wrist, lumbar spine and right knee. On August 12, 2015, utilization review denied the request for all acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks, right wrist, lumbar spine, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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". "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)". In this case, there is no documentation on functional improvement or in reduction in pain medication with the previous use of acupuncture. In addition, there is no evidence that acupuncture will be used as an adjunct to physical rehabilitation. Therefore, the request for 8 acupuncture sessions for the right wrist, lumbar spine, and right knee is not medically necessary.

**Right Knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Knee brace is Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; d. Disproportionate thigh and calf (e.g., large thigh and small calf); e. Minimal muscle mass on

which to suspend a brace; 2. Skin changes, such as: a. Excessive redundant soft skin; b. Thin skin with risk of breakdown (e.g., chronic steroid use); 3. Severe osteoarthritis (grade III or IV); 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); 5. Severe instability as noted on physical examination of knee. There is no clear and recent documentation of knee instability or ligament damage, avascular necrosis or any other indication for knee brace. Therefore, the request for right knee brace is not medically necessary.