

<b>Case Number:</b>	CM15-0177824		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/02/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Hawaii

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 39 year old female who sustained a leg injury on 3-2-15 when a drawer hit her leg. She is currently not working. Diagnoses included status post left lower leg contusion, rule out tibialis anterior muscle injury; left knee sprain with patellofemoral arthralgia secondary to use of leg press machine during supervised therapy (5-4-15); possible early left lower extremity complex regional pain syndrome; myofascial pain syndrome. She currently (7-31-15) complains of left knee and lower extremity pain. On physical exam, there was slight diffuse swelling over the tibialis anterior muscle belly, tenderness to palpation over the medial joint line and peripatellar region of the knee, slight patellofemoral crepitus; left ankle, foot exam was unremarkable. Diagnostics included MRI left lower extremity (6-8-15) showing lateral meniscus degeneration. Treatments to date include physical therapy, where she developed left knee pain using a leg press machine; acupuncture (has had 2 visits as of 7-31-15); home exercise program; medications: prednisone, Tylenol. In the progress note dated 7-16-15 the treating provider's plan of care included requests for acupuncture to left lower extremity as she has not had much improvement in this area with prior treatments. The request for authorization dated 7-31-15 indicated acupuncture twice per week for three weeks and home interferential unit. On 9-1-15 utilization review evaluated and non-certified the requests for acupuncture to the left lower extremity twice per week for three weeks based on no clear documentation of clinically significant functional improvement in activities of daily living, a reduction in work restrictions or dependence on continued medical treatment or medications as a result of previous

acupuncture treatments; home interferential unit with indefinite use based on no documentation of guideline criteria being addressed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 Sessions acupuncture to left lower extremity (2 times per week for 3 weeks):** Overturned

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

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

**Decision rationale:** The patient presents with constant moderate left lower extremity pain and numbness, left lower leg hypersensitivity, swelling and pain, and left knee pain. The current request is for 6 Sessions Acupuncture to the Left Lower Extremity (2 times per week for 3 weeks). The treating physician's report dated 07/30/2015 (93B) states, "She was prescribed a course of acupuncture treatment and she had two visits to date. She denies any additional medical treatment or diagnostic studies." The physician is requesting 6 additional acupuncture treatments for pain management and control, reduce the need for prescription medication, increase tolerance for activities of daily living and return to work. The Acupuncture Medical Treatment Guidelines page 13 states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The acupuncture therapy reports from 07/30/2015 to 08/11/2015 show a total of 4 visits. In this case, the patient has tried acupuncture therapy and the requested 6 additional visits are within guidelines. The current request is medically necessary.

**Home Interferential Unit (indefinite use):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation -MTUS, Interferential, page 118-120.

**Decision rationale:** The patient presents with constant moderate left lower extremity pain and numbness, left lower leg hypersensitivity, swelling and pain, and left knee pain. The current request is for Home Interferential Unit (indefinite use). The treating physician's report dated 07/31/2015 (94B) states, "Request authorization for a home interferential unit for a more consistent self-guided treatment of flare-ups." The MTUS guidelines page 111 to 120 on IF Units states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications and limited evidence of improvement on those recommended treatments alone. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records

do not show a history of interferential unit use. None of the reports show a trial of an IF unit. In this case, the MTUS guidelines recommends a trial documenting functional improvement before indefinite use can be considered. The current request is not medically necessary.