

<b>Case Number:</b>	CM14-0173557		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58-year-old man with a date of injury of March 22, 1982 until January 3, 2014. He states that he sustained a cumulative trauma injury during his work as a student coordinator. He was required to do standing, walking, sitting, bending neck and back, carrying, twisting neck and back, repetitive use of his hands, grasping, strong gripping and reaching. She states the cumulative trauma affected his shoulders, back, and both knees. Initially, x-rays were taken and 24 sessions of physiotherapy was given. The provider is now requesting multiple MRIs and acupuncture of different areas. Pursuant to the progress note dated June 3, 2014, the IW reports that he started seeing his private physician in 2007 for his knee pain. He was told he had arthritis and was taking over-the-counter medications. Present complaints include pain in the right shoulder, which is 3-5/10. Pain in the lower back, which is 4-6/10 and present 18 hours a day/7 days a week. He also has pain in bilateral knees rated 4-6/10 presents 18 hours a day, 7 days a week. Pain in the lower back is helped by the TENS unit and pain medications. The IW does not state what helps his knee and shoulder pain. Physical examination of the shoulder reveals tenderness over the AC joint, long head of biceps, anterior acromion, and greater tuberosity. Impingement, supraspinatus, and O'Brien's tests are positive. Examination of the bilateral knees revealed tenderness over the medial femoral condyle, medial joint line, medial tibial plateau, and patellofemoral joint. Lachman's test, anterior drawer test, vargus and valgus stress test, posterior stress test is negative bilaterally. McMurray's test caused increased pain over the medial meniscus in the bilateral knees, negative over the lateral meniscus bilateral knees. Examination of the lumbar spine reveals tenderness at the level of L4-L5 and L5-S1 in the midline over bilateral paralumbar musculature. There is paralumbar muscle guarding. Straight leg raising in the supine position: Right 80 degrees, Lasegue causes low back pain; left 80 degrees, Lasegue causes low back pain. Diagnoses include: Right shoulder impingement

syndrome rotator cuff tendinitis, possible rotator cuff tear, possible SLAP lesion; Lumbar spine spondylosis at L4-L5 and L5-S1, degenerative disc disease at L4-L5 and L5-S1, disc protrusion at L5-S1; Right and left knee arthritis medial joint compartment and patellofemoral joint tear medial meniscus. Current medications include Advil 200mg. Treatment plan recommendations include: MRI studies of the bilateral knees. Lateral bending film is recommended of the lumbar spine as well as a referral to a spine specialist. There were no recent MRI studies in the medical record for review.

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

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

#### **Eight (8) Acupuncture treatments to the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Acupuncture

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture treatments to the left knee two times a week for four weeks is not medically necessary. The guidelines recommend acupuncture as an option for some conditions using a short course in conjunction with other interventions. Acupuncture is a passive modality of treatment that is traditionally defined as the insertion of needles. Acupuncture of the knee is recommended for osteoarthritis. The ODG acupuncture guidelines: initial trial of 3 to 4 visits over two weeks; with evidence of reduced pain, medication use and objective functional improvement total up to 8 to 12 visits over 4 to 6 weeks are appropriate. In this case, the clinical diagnosis for the left knee was left knee arthritis medial joint compartment and patellofemoral joint tear of the medial meniscus. It is unclear whether the injured worker had the appropriate MRI testing knee at that point in time to render that diagnosis. The recommendations when starting acupuncture dictate an initial trial of 3 to 4 visits over two weeks. The requesting physician asked for eight visits. That number is in excess over the recommended amount of acupuncture visits. After the initial 3 to 4 visits the injured worker should be reevaluated for evidence of reduced pain and objective functional improvement at which point additional acupuncture may be requested. Consequently, acupuncture eight visits, two times a week for four weeks is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the eight (8) Acupuncture treatments to the left knee are not medically necessary and appropriate.