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| <b>Case Number:</b>   | CM13-0019794 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 11/08/2011 |
| <b>Decision Date:</b> | 02/14/2014   | <b>UR Denial Date:</b>       | 08/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 27 YO, male with a date of injury on 11/8/11. The Utilization Review Determination being challenged is dated 8/22/13 and recommends denial of Acupuncture. [REDACTED] is the requesting provider and per visit notes from [REDACTED] dated 2/16/13 and 3/5/13, patient's diagnoses are right knee status post arthroscopic surgical procedure, right sacroiliac joint arthritis, and displacement of lumbar intervertebral disc without myelopathy. The patient's chief complaint is right knee, back and hip pain. In the right hip/buttock the pain is stabbing and radiates down the right leg. It is aggravated by walking and standing and relieved by medications and electrical stimulation. He has constant right knee pain and is primarily over the medial aspect. According to the determination letter the most current note provided states claimant has bilateral knee, neck and low back pain however the extent to which prior acupuncture has been significantly beneficial is not adequately stated. With the notes provided, there is no evidence or documentation stating that patient has had prior physical therapy or acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 174-175, 300, Acupuncture Treatment Guidelines.

**Decision rationale:** The patient continues with right knee pain, back and hip pain. The IMR form indicates that the treatment under dispute was for acupuncture but does not include a number of sessions requested. The utilization review letter dated 08/22/2013 states that the patient had received 6 sessions of acupuncture, and the request was made for an additional 12 visits of acupuncture. Utilization review references office visits dated 08/02/2013 and 06/27/2013 which were not available for review. The reviewer stated that the extent to which prior acupuncture has been significantly beneficial has not been adequately documented. The Acupuncture Medical Treatment Guidelines states that the acupuncture treatments may be extended if functional improvement is documented. MTUS has the following definition for functional improvement. "Functional improvement means either a clinical significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule pursuant to section 9789.10 - 9789.111, and a reduction in the dependency on continued medical treatment." According to the records available for review, there does not appear to be documentation of functional improvement and the number of visits is unclear. Therefore, recommendation is for denial.