

<b>Case Number:</b>	CM13-0026225		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 licensed in acupuncture 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:

This is a 37 years old male patient with pain complains of the left knee. Diagnoses included medial meniscus tear (left side), status post left knee surgical repair. Previous treatments included: knee surgery, oral medication, physical therapy, acupuncture (unknown number of sessions completed or benefits obtained) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 08-21-14 by the UR reviewer. The reviewer rationale was "there was no records to address the number of acupuncture already completed...there is no information regarding the functional improvement and efficacy of prior [acupuncture] treatments".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture for the left knee 1 time per week for 6 weeks:** Upheld

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

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

**Decision rationale:** The guidelines notes that 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 acupuncture sessions rendered in the past, additional acupuncture was requested without indicating the number of sessions already completed, the benefits obtained with prior acupuncture (medication reduction, symptom improvement, work restrictions reduction etc), or the goals for the additional acupuncture. Consequently and based on all the previously mentioned, the additional acupuncture care is not reasonable and is not medically necessary.