

<b>Case Number:</b>	CM13-0034836		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Chiropractic, has a subspecialty 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:

The medical records reflect the patient as a 60 year old female who sustained an industrial injury on 05/12/2012. Records reflect the patient slipped and fell in the washroom sustaining injury. The PR-2 from [REDACTED] dated 8/20/13 reported the patient having increased right knee pain with use especially going down steps at home or when getting out of a car; pain was reported at 7/10; buckling was reported intermittently; patient using a cane and knee brace and awaiting arthroscopic surgery; standing too long increases lower back pain. Additional Acupuncture 2 times per week for 3 weeks (2x3) was requested. The UR determination dated 9/18/13 denied the requested 2x3 Acupuncture request. The denial addressed the patient receiving 42 prior Acupuncture sessions and 24 Physical Therapy sessions. The rational for denial was the failure of provided records to document functional improvement as required by referenced CA MTUS Acupuncture Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions, 2 times per week for 3 weeks, for the lumbar spine and right knee:**  
Upheld

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

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

**Decision rationale:** The medical records reflect the patient as a 60 year old female who sustained an industrial injury on 05/12/2012. Through the time of the request for additional Acupuncture care on 8/20/13, the patient has received Acupuncture care in excess of recommended guidelines where evidence of functional improvement is required prior to consideration of additional care. The 8/20/13 supplemental report that was the basis for requesting additional Acupuncture care failed to address what functional improvement the patient has experienced with the 42 sessions of Acupuncture previously applied sufficient to warrant further consideration of Acupuncture care, two times a week for three weeks. The 9/18/13 UR denial of further Acupuncture care was supported by the appropriate rationale determining the lack of medical necessity for further Acupuncture care.