

<b>Case Number:</b>	CM13-0043756		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	07/04/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Board Certified in Chiropractic & 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 patient is a 58 year old male who sustained a work related injury on 9/8/2011. Prior treatment includes physical therapy, right knee arthroscopy, steroid injection, chiropractic, oral medication, and acupuncture. Per a Pr-2 dated 4/25/2013, the patient states that he received acupuncture with some improvement in his symptoms. Per a Pr-2 dated 5/13/2013, the provider documents that there has been an increase of range of motion of the cervical spine from 25 to 40 and cervical spine left bending from 15 to 30 due to acupuncture. The provider requests six further visits. Per a Pr-2 dated 5/30/2013, the patient has had functional improvement of increased range of motion of the shoulder (abduction 4045, adduction 3035, external rotation 4550, and internal rotation 4560). The provider requests six further visits and states that the patient has only had six acupuncture visits. Per a PR-2 dated 8/2/2013, the provider again requests an initial acupuncture therapy. There is an acupuncture note on 8/9/2013 from an acupuncturist. Per a Pr-2 dated 9/6/2013, the provider states that the patient stopped acupuncture 2 weeks ago and his pain level has increased. He is requesting six more acupuncture visits and states that the patient has completed only six sessions. Per a pr-2 dated 10/11/2013, the patient has pain in the low back, right knee, and bilateral hips. His diagnoses are post surgery right knee, tear of the medial meniscus, chondromalacia patella, bursitis of the right knee, tendonitis of the right hip, right hip sprain/stain, and lumbar disc displacement with myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ACUPUNCTURE THERAPY SESSIONS FOR THE RIGHT KNEE:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The patient has had extensive acupuncture. However, the provider repeated documents that the patient is having an initial trial or states that the patient has only had six sessions. It is unclear how many total sessions of acupuncture the patient has had. The documentation of functional improvement is only in range of motion and the last documented result of acupuncture was only that pain returned after acupuncture was discontinued. In regards to previous acupuncture rendered: no significant, sustained, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.