

<b>Case Number:</b>	CM13-0046914		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Orthopedic Surgery, 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 69-year-old who was injured in a work related accident that occurred on February 2, 2013. A recent clinical assessment of January 13, 2014 by [REDACTED], indicated ongoing complaints of low back related complaints with leg pain and left knee pain. Objectively there was positive left sided straight leg raising and a positive Apley's test to the left knee with localized tenderness and swelling to the knee. There was diminished lumbosacral range of motion, and motor strength of the bilateral lower extremities graded at 5/5. The working diagnoses were of lumbosacral disc injury, radiculopathy, and strain. The claimant was also with diagnoses of left knee strain, possible meniscal tear, bursitis, and internal derangement. The treatment plan at that time given the claimant's continued symptoms was for 8 additional sessions of acupuncture therapy. Previous testing for review includes a May 13, 2013 electrodiagnostic study that showed evidence of a positive left S1 radiculopathy. The documentation of treatment reflects that there has been the completion of 20+ sessions of acupuncture to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRO ACUPUNCTURE 2 TIMES A WEEK TIMES 4 WEEKS FOR THE LEFT KNEE AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Based on the Acupuncture Medical Treatment Guidelines, continued acupuncture for eight sessions for the knee and lumbar spine would not be indicated. Guidelines indicate that the timeframe for optimal improvement would be one to two months with functional improvement over three to six treatments. Records in this case clearly indicate greater than two months of acupuncture treatment as the patient has undergone over twenty sessions of the modality to date. The records show that the guidelines have been exceeded for duration of treatment and the records do not reflect significant improvements with treatment to date. The request for electro acupuncture for the left knee and lumbar spine, twice per week for four weeks, is not medically necessary or appropriate.