

<b>Case Number:</b>	CM13-0049377		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Chiropractor and is licensed to practice in Texas. 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 reported an injury on 09/09/2010. The mechanism of injury was a fall. A review of the medical records reveals the patient has received previous acupuncture treatments of an unknown amount. In the most recent clinical note provided in the medical record dated 09/26/2013, the patient's diagnoses included lumbosacral strain without evidence of radiculopathy; a left knee strain status post arthroscopic surgery by [REDACTED] on 02/05/2013; right knee strain, resolved; 5/5 positive Waddell's; and multi-dermatomal, non-anatomic numbness pattern on sensory exam with more than 4 dermatomes involved. EMG/NCV studies of the bilateral lower extremities done 09/24/2013 revealed normal studies. X-rays of the right knee, 3 views, dated 09/05/2013 revealed no osseous abnormalities, and probable small suprapatellar joint effusion. The patient complained of occasional minimal pain increased with intermittent mild, with prolonged standing, to her lumbar spine, right knee and left knee. Objective findings upon examination reported dermatomal anatomic tenderness, without focal radiculopathy, and slight tenderness on the joint line to the right knee. There was noted restricted range of motion to the right knee as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional acupuncture 2 x 4 to right knee:** Upheld

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

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

**Decision rationale:** Per California MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used in adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Per the acupuncture guidelines, it is stated that the time to produce functional improvement is 3 to 6 visits. It was also stated that acupuncture treatments may be extended if functional improvement is documented. As there is no clinical documentation provided in the medical record of any functional improvement after previous acupuncture, and the response to previous acupuncture; the medical necessity for further treatments cannot be determined at this time. Therefore, the request for an additional acupuncture 2x4 to the right knee is non-certified.