

<b>Case Number:</b>	CM13-0060856		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine & Rehabilitation, 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 57 year-old female sustained an injury when employee was bending over to pick up an object, tripped and fell on 6/26/08 while employed by [REDACTED]. Request under consideration include continuation of acupuncture (2) times a week for (3) weeks for the left knee. Report of 11/6/13 from the provider noted the patient with complaints of chronic left knee pain. She has had 6 acupuncture treatment and is feeling better overall with decreased mild to moderate, intermittent knee pain. Exam showed left knee with decreased range of motion; tenderness at patellar tendon. The above request for additional acupuncture 6 visits was non-certified on 11/22/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUATION OF ACUPUNCTURE (2) TIMES A WEEK FOR (3) WEEKS FOR THE LEFT KNEE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8-9.

**Decision rationale:** This 57 year-old female sustained an injury when employee was bending over to pick up an object, tripped and fell on 6/26/08 while employed by [REDACTED]. Request under consideration include continuation of acupuncture (2) times a week for (3) weeks for the left knee. Report of 11/6/13 from the provider noted the patient with complaints of chronic left knee pain. She has had 6 acupuncture treatment and is feeling better overall with decreased mild to moderate, intermittent knee pain. Exam showed left knee with decreased range of motion; tenderness at patellar tendon. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received a significant number of acupuncture sessions with most recent 6 sessions for this 2008 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The continuation of acupuncture (2) times a week for (3) weeks for the left knee is not medically necessary and appropriate