

<b>Case Number:</b>	CM13-0065337		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Preventative Medicine 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:

According to the records made available for review, this is a 58-year-old female with a 11/9/11 date of injury. At the time of the decision for four (4) acupuncture visits without ultrasound, Final Determination Letter for IMR Case Number CM13-0065337 3 there is documentation of subjective (left knee arthritic type pain and difficulty with weight bearing and standing) and objective (reduced range of motion in the knee and patellofemoral crepitus and bulky osteophytes on the medial joint line) findings, and current diagnoses of left knee osteoarthritis. The treatment to date included: acupuncture, physical therapy, chiropractic treatment, and injection therapy. The number of acupuncture treatments to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) SESSIONS OF ACUPUNCTURE UNDER ULTRASOUND FOR PSOAS INJURY:**  
Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines identify that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of three to six (3-6) treatments, frequency of one to three (1-3) times per week, and duration of one to two (1-2) months. The MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of left knee osteoarthritis. In addition, there is documentation of previous acupuncture treatments completed to date. However, there is no documentation of the number of previous acupuncture treatments. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous acupuncture. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.