

<b>Case Number:</b>	CM13-0069075		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2009
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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 38-year-old male who reported an injury on 01/31/2009. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include right knee sprain or strain injury, right knee degenerative joint disease, right knee internal derangement, chondromalacia of patella of the right knee, and depression. The patient has received medication management, home exercise program, and electroacupuncture treatments. Request for authorization dated 12/30/2013 most recent clinical documentation states according to the patient electroacupuncture treatment has been very helpful to treat his right knee pain; overall, he perceived improvement in function and is able to do more self activity and is back to work. Objective findings upon examination include a positive Apley's test. There was local tenderness of the right knee. Motor strength was measured at 5/5 for the right knee. The patient continues to use Flexeril for muscle spasms, Tylenol No.3 up to 3 tablets a day for pain control, Mobic, Lidoderm patch for neuropathic pain control and meloxicam for inflammation pain. Due to the patient's persistent pain and discomfort it was recommended that the patient be evaluated for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS 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:** Per California MTUS Acupuncture Guidelines, it is stated that acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to a physical rehab or a surgical intervention to hasten functional recovery. There is no documentation in the medical record of any reduction in the patient's medication regimen. It is stated that the patient will continue his current medication regimen, and there is no documentation that the patient will be participating in any type of physical rehabilitation program at this time. There is documentation that the patient states he received improved function with prior electroacupuncture treatments. However, as there is no reduction in the patient's medication regimen, and the patient is not participating in any type of physical rehabilitation at this time, the criteria for the requested service has not been met and the request for acupuncture 2 times a week for 8 weeks for the right knee is non-certified.