

<b>Case Number:</b>	CM14-0009761		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a male employee who has filed a claim for an injury /to his right knee when he twisted it while on a ladder on 7/09/09 causing knee and leg pain. He is status post total knee replacement surgery on 10/08/10. The pain gradually worsened and currently, has compensatory lower back pain. Since the incident, the applicant's treatments consisted of the following: orthopedic, physical therapy, acupuncture care (amount not specified) multiple MRIs and X-rays, topical compound creams for pain relief and oral pain and anti-inflammatory medications. In the utilization review report, dated 1/9/14, the UR determination was unable to approve eight sessions of acupuncture care in light of the acupuncture guidelines set forth by California Medical Treatment Utilization Schedule (MTUS). The treating physician denied this request stating there were no signs of sustained functional improvement with the prior course of acupuncture. Clinical evidence of functional improvement is lacking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXT ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the California Medical Treatment Utilization Schedule (MTUS) recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of six sessions of acupuncture without permanent relief approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if this request had been for an initial trial of acupuncture, MTUS recommends a trial of 3-6 visits of acupuncture to produce functional improvement. Twelve visits of acupuncture exceed this number recommended and therefore, not medically necessary.