

<b>Case Number:</b>	CM14-0101291		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 a Licensed Chiropractic and Acupuncture 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:

The injured worker is a 35 year old male who reported bilateral knee pain from injury sustained on 01/17/13. Mechanism of injury is not documented in the provided medical records. MRI of the right knee dated 04/21/14 revealed hypoplastic lateral meniscus; chondromalacia and mild arthritis. Patient is diagnosed with chronic bilateral knee pain, status post right partial meniscectomy and status post arthroscopic surgical repair on the left. Patient has been treated with surgery, medication and therapy. Per medical notes dated 02/25/14, patient complains of persistent bilateral knee pain. Left continues to be worse than the right; however the right is having more intermittent edema since surgery on the left due to overcompensation. While walking pain is 8/10 and while sitting it is rated at 4/10. Per medical notes dated 04/22/14, patient complains of persistent bilateral knee pain. Right knee continues to be the most bothersome. Per medical notes dated 05/28/14, patient complains of persistent pain in his right knee, and that the left knee has been doing okay. The injured worker states that, it constantly swells up and he has pain and many times, he is not able to walk. Patient states he is not able to tolerate much medication due to irritation of his stomach. Provider is requesting initial trial of acupuncture treatments twice a week for three weeks, which were modified to two visits by the utilization reviewer. Requested visits exceed the quantity supported by cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture visits, twice a week for four weeks for the bilateral knees: Upheld**

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

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

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". In this case, the injured worker has not had prior acupuncture treatment. The treating provider is requesting an initial trial of acupuncture treatments, twice a week for four weeks, which was modified to twice a week for three weeks by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, the request for acupuncture visits, twice a week for four weeks is not medically necessary.