

<b>Case Number:</b>	CM14-0011309		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 04/06/2010. The mechanism of injury was a trip and fall on the injured worker's left knee and left hand while at work. Prior treatments included aquatic therapy, a home H-wave rental, and electroacupuncture. Additional treatments included physical therapy. The documentation of 01/09/2014 revealed the injured worker had completed 5 acupuncture treatments and had noted a significant decrease in her pain with better tolerance to activities. Additionally, the injured worker was noted to be using an H-wave and it decreased her pain level. The injured worker had antalgic gait favoring the left leg with the use of a cane. The diagnoses included chronic pain syndrome, joint pain left leg and left knee, derangement medial meniscus status post surgery and abnormality of gait. The treatment plan included 6 additional sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNTURE TREATMENT:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend acupuncture an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation to hasten functional recovery. Acupuncture treatments may be extended if objective functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had benefit from the prior sessions. It was indicated the injured worker had a decrease in pain. However, there was a lack of documentation a clinically significant improvement in activities of daily living. The request as submitted failed to indicate the quantity of sessions being requested as well as the body part to be treated. Given the above, the request for acupuncture treatment is not medically necessary.