

<b>Case Number:</b>	CM14-0111332		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 licensed in 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:

This 47 year old male sustained work related injuries on December 17, 2013. The injured worker was hit by a vehicle that was backing up at work. Documentation noted that the injured worker was pinned between the car and a concrete wall. He subsequently reported severe pelvic pain, lower back and buttock pain. The injured worker was admitted to the hospital for pain control and physical therapy. Computed tomography (CT) revealed no significant traumatic injuries. He was discharged the following day on December 18, 2013 in stable condition. The injured worker was diagnosed with crush injury to the pelvis, soft tissue injuries to the buttocks and lower back and nasal bone fracture of indeterminate age. As of June 27, 2014, the injured worker's subjective complaints include constant moderate pain of bilateral elbows with aching and numbness, left wrist pain, right thigh and leg pain. Treatment consisted of diagnostic testing, prescribed medications, physical therapy, back brace, elbow straps, acupuncture treatments for right knee and multiple magnetic resonance imaging (MRI). On June 6, 2014, the MRI of the left wrist revealed no stress or traumatic fracture. MRI of the right knee revealed no definite evidence of meniscal tearing and intact collateral and cruciate ligaments. On June 12, 2014, MRI of the left hand revealed a small amount of fluid surrounding the third dorsal extensor tendon suggestive of a low grade tenosynovitis. According to treating physician notes on June 27, 2014, physical exam of the knee revealed tenderness at the right knee joint line anteriorly. There was a positive patellar compression test and a questionable McMurray's sign. The treating physician reported that the injured worker walked with a mild limp favoring on the right side. Wrist examination revealed tenderness and weak grip. The injured worker remains temporarily totally disabled. The treating physician prescribed 8 acupuncture therapy sessions for knee/left hand now under review. On July 8, 2014, Utilization Review evaluated the prescription for 8 acupuncture therapy sessions for right knee/left hand requested on June 27, 2014. Upon review

of the clinical information, UR certified 6 visits for the left hand and non-certified 8 acupuncture visits for the right knee. UR denied requested prescription for acupuncture of the knee secondary to the lack of supporting clinical documentation for functional improvement from prior acupunctures and the recommendation of the MTUS guidelines. UR modified the acupuncture visits for the left hand according to the recommendation of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture x 8 Visits-Knee/ Left Hand:** Upheld

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

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

**Decision rationale:** The guidelines notes that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions for the right knee, no evidence of any sustained, significant, objective functional improvement was provided to support the reasonableness and necessity of the additional acupuncture requested for the right knee. Also, the guidelines note that the amount to produce functional improvement is 3 to 6 treatments and additional care could be supported for medical necessity based on the functional improvement(s) obtained with the trial. As the PTP requested initially 8 sessions to treat the left hand, which is more than the number recommended by the guidelines without documenting any extraordinary circumstances. The request is not medically necessary and appropriate.