

<b>Case Number:</b>	CM14-0111948		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/11/2014
<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 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 51 year old female who reported neck, low back and bilateral pain from injury sustained on 04/28/06 when she was rear ended while driving her vehicle. Electrodiagnostic studies reveal chronic L5 radiculopathy. The patient is diagnosed with degenerative joint disease of right knee with status post total knee replacement (08/11/10); degenerative joint disease of right left with status post total knee replacement (08/11/10); degenerative disc disease of lumbosacral spine with bilateral L4-5 and L5-S1 radiculopathy. The patient has been treated with surgery, medication, physical therapy, injections and acupuncture. Per medical notes dated 05/12/14, the patient complains of neck, low back and bilateral knee pain. Pain is rated at 6/10 and is characterized as stabbing. Pain radiates to bilateral thighs and legs. Per the acupuncture progress notes dated 06/24/14, patient states her knee pain is the same, constant, no change in lateral numbness in knees. Acupuncture is helping her low back but yesterday was a bad day. Per acupuncture progress notes dated 07/01/14, patient reports that she feels temporary relief from acupuncture but that her left knee is bothering her more today. Patient rates her pain 7/10. Examination revealed swelling along the lateral line with tenderness upon palpation, tenderness also notes along medial and infrapatellar region. Patient has completed 8 acupuncture sessions so far reporting good benefit. She reports having fewer flare-ups. Primary physician is requesting additional 8 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Acupuncture Therapy Visits for the left knee as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13 of 127.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9, "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: 1) 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." The patient has had prior acupuncture treatment. Per acupuncture progress notes dated 06/24/14, the patient states her knee pain is the same, no change in lateral numbness in knees; acupuncture is helping her low back. Per acupuncture progress notes dated 07/01/14, patient reports that she feels temporary relief from acupuncture but her left knee is bothering her more today. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments for the left knee are not medically necessary.