

<b>Case Number:</b>	CM14-0112084		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/09/2014
<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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old female who reported an injury due to a slip and fall on 09/25/2013. On 06/17/2014, her diagnoses included discogenic back pain, right knee internal derangement, left ankle sprain/strain and lumbago. On 03/01/2014, there was no noted bruising, atrophy or lesion present on the right knee and the range of motion was within normal limits as was the range of motion to the left ankle. The treatment plan on 06/17/2014, included an MRI of the right knee and acupuncture times 12. The treatment plan on 03/01/2014, included acupuncture 1 time a week for 6 weeks. There was no documentation submitted regarding the results of this acupuncture. There was no rationale included this injured worker's chart. The Request for Authorization dated 06/17/2014, was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-343.

**Decision rationale:** The request for MRI right knee is not medically necessary. Per the California ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no documentation submitted in this injured worker's chart of previously failed trials of conservative care, including medications, physical therapy, acupuncture or chiropractic treatments. The need for an MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI right knee is not medically necessary.

**Acupuncture X 12 for: Back, Right Knee and Left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for acupuncture X 12 for back, right knee and left ankle is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be noted in 3 to 6 treatments. 6 sessions of acupuncture were ordered in 03/2014. The results of these treatments were not included in the documentation which was submitted. The number of treatments requested exceeds the recommendations in the guidelines. Therefore this request for acupuncture X 12 for back, right knee and left ankle is not medically necessary.