

<b>Case Number:</b>	CM14-0137500		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

According to the available medical records, this is a 60 year old claimant with chronic knee pain and date of injury on 06/30/2012. Previous treatments include medications, injections, physical therapy, surgery, exercises, and acupuncture. There are no other treatment records available. Progress report dated 06/27/2014 by the treating doctor revealed patient complains of pain in left knee, pain of medial joint and medial collateral ligament, 4/10. Physical examination showed mild tenderness of medial collateral ligament and medial joint line, knee stable to varus and valgus. Assessment include sprain of unspecified sit of knee and leg, knee derangement/medial cartilage. The patient returned to modified work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 acupuncture visits for the left knee:** Upheld

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

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

**Decision rationale:** The claimant presents with ongoing pain in the left knee. Reviewed of the available medical records showed the claim had completed 6 chiropractic treatment in April and May 2014, another 6 chiropractic visits in June and July of 2014. There is some subjective pain improvement noted after the claimant completed 6 acupuncture visits in May, 2014. However,

the claimant was put on modified work duty after acupuncture treatment completed. Thus, there is no objective functional improvement documented, and there is no evidence that the claimant is taking medication or going through physical rehabilitation. Based on the guidelines cited above, the request for 10 acupuncture visits for the left knee is not medically necessary.