

<b>Case Number:</b>	CM14-0139074		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Chiropractic, has a subspecialty 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:

The injured worker is a 35 year old female who reported left knee pain from injury sustained on 02/20/13 after she slipped on a piece of plastic. Patient is diagnosed with status post left knee arthroscopy; rule out symptomatic chondromalacia of left knee and baker's cyst. Patient has been treated with arthroscopic surgery, medication, ganglion cyst drainage, and physical therapy. Per medical notes dated 07/18/14, patient complains of constant left knee pain as well as swelling and clicking. She also feels fullness across the back of the knee. She has some left sided back and gluteus pain which she attributes to her antalgic gait. Patient has not had prior Acupuncture treatment. Per medical notes dated 06/27/14, she has tried acupuncture in the past and found it to be beneficial; she has not had any yet on an industrial basis. Provider requested initial trial of 10 acupuncture treatments. Utilization Review the request for Acupuncture treatment x 10 sessions was non-certified citing MTUS Acupuncture Medical Treatment Guidelines. The Utilization Review physician stated that the documentation does not support that the injured worker had objective and functional improvement with treatment to support additional acupuncture. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee acupuncture radio frequency ablation 7-7-14 quantity: 10.00: Upheld**

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

**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: 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". Patient has not had prior Acupuncture treatment. Per medical notes dated 06/27/14, she has tried acupuncture in the past and found it to be beneficial; she has not had any yet on an industrial basis. Provider requested initial trial of 10 acupuncture treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 10 Acupuncture visits are not medically necessary.