

<b>Case Number:</b>	CM14-0169744		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, 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 claimant is a 31 year old male who sustained a work related injury on 4/29/14. Per a Pr-2 dated 9/29/2014, the claimant complains of intermittent burning left knee pain with weakness. There is tenderness to palpation of the lateral joint line, medial joint line, and superior border of the patella. He also has antalgic gait, mild swelling, and positive McMurray's test. His diagnoses are left knee internal derangement, anxiety, and depression. Prior treatment includes physical therapy, acupuncture, chiropractic, biofeedback, and medications. He is not working. Per a prior review, the claimant has had eight acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1-2 times a week for 6 weeks.:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The

claimant has had eight prior acupuncture treatments with no discussion of benefits. The provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further Acupuncture is not medically necessary.