

<b>Case Number:</b>	CM14-0046313		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Care 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 40 year old male who reported right knee pain from injury sustained on 02/08/13. The mechanism of injury is unknown. There were no diagnostic imaging reports. The patient is diagnosed with status post right knee arthroscopy. The patient has been treated with right knee surgery; medication; therapy and acupuncture. Per medical notes dated 11/13/13, the patient is feeling much improved after his surgery. An examination revealed tenderness to palpation; range of motion was within normal limits. Medical notes dated 12/11/13, noted that the patient complains of right knee pain, but is slowly improving after surgery. His pain is rated at 4/10. He continues to have swelling and persistent pain and weakness in the lower extremity. Per medical notes dated 02/21/14, the patient returns, complaining of right knee pain with swelling in the right knee. He is doing better with acupuncture. The therapy did not give him relief but the acupuncture has been helping. Primary physician is requesting an additional 6 acupuncture visits. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment to the right knee for 6 sessions, 2 times a week for 3 weeks: Upheld**

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

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

**Decision rationale:** 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. Functional improvement should be seen with 3-6 treatments, the frequency of treatments is 1-3 times per week, and optimum duration is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. Guidelines state that 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 the request is not medically necessary.