

<b>Case Number:</b>	CM14-0054392		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 a licensed Acupuncturist, 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:

This is a 45 y/o female patient with pain complains of bilateral knees, bilateral elbows and thoracic-lumbar spine. Diagnoses included lumbar myofascitis, elbow contusion, knee contusion. Previous treatments included: facet injection(s), lumbar block injections, oral medication, chiropractic-physical therapy, acupuncture (x17 in 2013, gains unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 02-12-14 by the PTP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS- BILATERAL KNEES, BILATERAL ELOWS, THORASCIC SPINE:** Upheld

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

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

**Decision rationale:** The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions

and a reduction in the dependency on continued medical treatment." The patient already underwent an unknown number of acupuncture sessions in the past without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc.). Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.