

<b>Case Number:</b>	CM14-0063744		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 patient is a 62-year-old male with a date of injury of 11/21/2013. According to the progress report dated 4/3/2014, the patient complained of low back, left knee, and bilateral ankle pain. The low back was described as moderate with numbness and tingling sensation down his left lower extremity. The left knee pain was described as constant and was worsened with prolonged walking or when putting weight on the knees. Significant objective findings include tenderness in the left gluteal and left sacroiliac region. His range of motion in the lumbar spine was restricted, sensations along the L1 through S1 dermatomes were intact and patellar as well as Achilles reflexes were equal and symmetric. Sitting root test was positive. Regarding the knee, there was no ecchymosis, no abrasion, no laceration, and no surgical scars. There was mild inflammation and peripatellar tenderness to palpation. The range of motion in the left knee was restricted. McMurray's test was positive bilaterally and the Drawer and Valgus stress test was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Acupuncture sessions to the lumbar and bilateral knee:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. The patient has had acupuncture in the past. The patient reported that acupuncture helps to decrease his pain. There was no documentation of functional improvement in the submitted documents; therefore, the provider's request for twelve (12) Acupuncture sessions to the lumbar and bilateral knee is not medically necessary and appropriate.