

<b>Case Number:</b>	CM14-0066481		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/10/2014

### 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 patient is a 50-year-old female with a date of injury of 7/04/2012. According to the progress report dated 3/5/2014 bilateral knee pain. The patient stated that her left knee has improved sufficiently regarding the strength and is ready for the right knee surgery. Significant objective findings include no effusion and full range of motion in the right knee; the left patella was well centered in the trochlear groove while the right demonstrated lateral patellar subluxation throughout with full extension and flexion with positive apprehension testing. The patient has mild quadriceps atrophy of her left thigh. The patient was diagnosed with chronic patellofemoral pain of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk x 6wks right knee (12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Acupuncture is recommended for pain. The guideline recommends a trial of 3-6 visits to demonstrate functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). Records

indicate that the patient has had acupuncture for the right knee. However, the number of acupuncture received remains unknown. The patient received acupuncture on 4/14/2014 and 4/21/2014 for the right knee. There was no further documentation of acupuncture for the right knee. The acupuncture provider believes that acupuncture helps with the patient's pain and inflammation. However, there was no objective functional improvement documented with the most recent acupuncture treatment. Therefore, the provider's request for additional 12 acupuncture sessions to the right knee is not medically necessary at this time.