

<b>Case Number:</b>	CM14-0070479		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 50-year-old male with a date of injury of 11/02/2011. The progress report dated 4/16/2014 noted that the patient complained of constant moderate to severe pain in the left knee. The pain was sharp and burning. Prolonged standing aggravated the symptoms. Significant objective findings include normal neurological examination in the bilateral lower extremities, +3 muscle spasms, and left anterior joint line tenderness in the left knee. Valgus, Varus, Posterior Anterior Drawer, and McMurray's test were positive. The patient was diagnosed with cruciate ligament sprain of the left knee, lateral collateral ligament sprain and the left knee, medial collateral ligament sprain of the left knee, tear of the medial meniscus of the left knee, bursitis of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Therapy six (6) treatments for the Left 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 guidelines states that acupuncture may be extended if there is documentation of functional improvement. The provider noted that the

patient had received a total of 12 sessions since last request for therapy. The provider stated that since examination, there were increased activities of daily living including watering plants once in a while. Therefore, continuation of additional 6-acupuncture session is appropriate and necessary. However, there was no documentation of functional improvement as defined in section 9792.20(f). There was no documentation of clinically significant improvement of activities of daily living. Watering plants once in a while is not considered clinically significant improvement in activities of daily living. Therefore, the provider's request for additional 6 acupuncture sessions is not medically necessary at this time.