

<b>Case Number:</b>	CM14-0082145		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

This case involves a 59 year old male who sustained a work related injury on 5/21/2012. His diagnoses are sprain of the knee, leg, ankle, and lumbar region, lumbar spine annular tear, ankle calcaneal spur, and hypertension. The claimant had 12 sessions of acupuncture between 10/24/2013 - 12/12/2013. Per a PR-2 dated 1/22/2014, the claimant has pain in the low back, knees, and ankle. There has been a constant increase of pain due to cold weather. There is also pain with bending, walking and stairs and associated popping and swelling. The claimant remains off work. There are no changes compared to a PR-2 dated 10/04/2013. Per a PR-2 dated 7/1/2014, the claimant has constant low back, right knee and right ankle pain. Prior treatment has also included physical therapy, home exercise, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 X 4:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The injured worker has had a twelve sessions of acupuncture treatments but the provider has failed to document any functional gains. The injured worker remains off work. Therefore, further acupuncture is not medically necessary.