

<b>Case Number:</b>	CM14-0083911		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 injured worker is a 32-year-old female with a date of injury of 4/22/2010. According to the report dated 5/07/2014, the patient complained of constant left knee pain and weakness and low back pain with intermittent radiation down the left lower extremity. The pain was exacerbated with prolonged weight bearing activities for 20 to 30 minutes at a time. The patient was diagnosed with sprain and strains of knee and leg not otherwise specified and lumbar sprain/strain. There were no objective findings from physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** 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:** The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient received at least 12 acupuncture sessions per submitted documentation. However, there was no documentation of functional improvement from the prior acupuncture care. In addition, the provider stated that the patient reported that acupuncture did not help previously in the report dated 5/07/2014. Based on

the submitted documentation and evidence-based guidelines, the provider's request for additional 8 acupuncture sessions is not medically necessary.