

<b>Case Number:</b>	CM14-0092430		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 53 year old female who reported bilateral hand and bilateral knee pain from injury sustained on 11/10/10 due to cumulative trauma. MRI of the right wrist revealed TFCC and lunotriquetral ligament tear; osseous cyst of lunate bone; ECU tendinosis or partial tendon tear; synovial cyst to pisotriquetral joint. MRI of left wrist revealed osseous cyst of lunate with adjacent scapholunate partial ligament tear and synovial cyst proximal to pisotriquetral joint. MRI (2014) of the right knee revealed complex medial meniscal tear with meniscal extrusion; MCL and LAL partial tear; semi membranous tendinosis; joint effusion; chondromalacia patella grade 2/3. MRI of the left knee revealed medial meniscus; possible lateral meniscal body tear; PCL, MCL, LCL partial tear; pes anserine bursitis; joint effusion and synovitis; medial and lateral femotibial joint osteoarthritis; chondromalacia patella grade 2/3. Patient is diagnosed with wrist pain and knee pain. Patient has been treated with acupuncture per utilization review. According to the medical records provided, patient complains of constant hand and constant knee pain. There is numbness and tingling in bilateral hands and knees. Provider is requesting additional 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Per MTUS- Acupuncture Medical treatment Guidelines pages 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments, frequency: 1-3 times per week, optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per utilization review dated 06/10/14, patient complains of bilateral hands and knee pain. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 Acupuncture treatments are not medically necessary.