

<b>Case Number:</b>	CM14-0196513		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/15/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Acupuncturist, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for a right knee injury that occurred on 11/15/07. Mechanism of injury is unspecified in records reviewed. Currently the patient complains of constant, severe, dull, sharp, cramping right knee pain associated with popping. The treating physician requested six sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant declared permanent and stationary in -2013. The applicant's current diagnoses consist of Osteo-arthritis of the knee, sprains and strains of unspecified knee and leg, tear of medial and lateral cartilage or meniscus of knee, and chondromalacia of patella. Her treatment to date includes, but is not limited to, a home exercise program. The treating physician's notes are illegible and difficult to determine additional treatment modalities. In the utilization review report, dated 11/11/14, the UR determination did not approve the six sessions of acupuncture based on the notes the advisor reviewed were handwritten and illegible. There is no indication of medication, injection therapy or physical therapy being utilized, and based on MTUS acupuncture guidelines, acupuncture is used when pain medications are reduced or not tolerated, or it may be used in conjunction with physical rehabilitation and/or surgical intervention to hasten functional recovery. Therefore, the advisor chose not to certify this request for six sessions of acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 3 to the right knee:** Upheld

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

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

**Decision rationale:** Evaluating initial acupuncture care is based on utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Further acupuncture, beyond an initial trial depends upon "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program or surgical intervention recently. Therefore, given the MTUS guidelines for acupuncture care detailed above, the original request of six sessions of acupuncture is not medically necessary.