

<b>Case Number:</b>	CM14-0203326		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Chiropractor (DC), 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 36 year old female sustained work related industrial injuries on May 9, 2012. The mechanism of injury involved twisting her left knee while at work. The injured worker subsequently complained of knee pain, shoulder pain and lower back pain. Treatment consisted of prescribed medications, acupuncture therapy, physical therapy, home exercise therapy, and periodic follow up visits. According to the provider notes dated August 18, 2014, the injured worker continued to have bilateral knee pain, worse on the left. Documentation noted that the injured worker was receiving both physical therapy and acupuncture for her neck and back. The claimant has received acupuncture from at least 1/21/2014-10/30/2014 and at least 16 prior acupuncture treatments. Per a PR-2 dated 6/23/2013, the claimant states her low back pain has improved with acupuncture. Her diagnoses are cervicalgia, cervical radiculopathy, lumbar radiculopathy, lumbar disc protrusion, and myalgias. Per treating provider report dated August 28, 2014, the injured worker complained of diffuse left knee pain. The provider also states that the claimant has failed all conservative treatments including therapy, acupuncture, medications and injections and is recommending surgical intervention. Documentation noted that the injured worker has been out of work since February 18, 2013. The treating physician prescribed services for an additional 12 sessions of acupuncture for the left knee now under review. On November 5, 2014, the Utilization Review (UR) evaluated the prescription for 12 sessions of acupuncture requested on October 29, 2014. Upon review of the clinical information, UR non-certified the request for 12 sessions of acupuncture for the left knee, noting the lack of significant objective improvements from prior therapy and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the left knee twice a week for six weeks:** 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 claimant has had prior extensive acupuncture of unknown quantity and duration and had mild subjective benefits at one point. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also the latest documentation from the provider is requesting surgical intervention because the claimant has failed conservative management including acupuncture. Therefore, further acupuncture is not medically necessary.