

<b>Case Number:</b>	CM15-0007248		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/22/2006
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 67 year old female, who sustained an industrial injury on 12/22/2006. The injured worker has complaints of bilateral knee osteoarthritis with symptoms of achiness, stiffness, pain and swelling with prolonged weight-bearing activities as well as some locking and catching. Physical examination showed tenderness to the medial and lateral joint lines of the bilateral knees, positive patellofemoral crepitation, positive grind and no intraarticular effusion noted. The documentation noted that the injured worker had a left knee synvisc one viscosupplementation injection dose that provided her with approximately six months of relief. According to the utilization review performed on 12/30/14, the requested 12 sessions of acupuncture (2x6 weeks) has been non-certified. The CA MTUS Acupuncture Medical Treatment Guidelines; the Acupuncture with Electrical Stimulation and the "Chronic Pain for purpose of acupuncture" means chronic pain as defined in section 9792.20(c) were used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of acupuncture (2x6 weeks): Upheld**

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. According to the utilization review performed on 12/30/14, the requested 12 sessions of acupuncture (2x6 weeks) has been non-certified. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.