

<b>Case Number:</b>	CM15-0008302		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 35 year old female, who sustained an industrial injury on 09/05/2013. She has reported left knee and left ankle pain. The diagnoses have included left knee and left ankle sprain. Treatment to date has included medications, acupuncture treatments, and home exercises. A progress note from the treating physician, dated 12/11/2014, documented a follow-up visit with the injured worker. The injured worker reported left knee pain described as moderate, frequent, and sharp; left knee buckling, popping, and giving way; and pain with walking and driving. Objective findings included tenderness to palpation of the medial joint line of the left knee and left ankle, with decreased range of motion. The treatment plan has included acupuncture treatments; and follow-up evaluation in one month. On 12/15/2014 Utilization Review noncertified a prescription for Acupuncture two times a week for three weeks. The CA MTUS, Acupuncture Medical Treatment Guidelines was cited. On 12/18/2014, the injured worker submitted an application for IMR for review of a prescription for Acupuncture two times a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. 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, 2x3 acupuncture treatments are not medically necessary.