

<b>Case Number:</b>	CM15-0101404		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 64-year-old female who reported an industrial injury on 4/2/2013. Her diagnoses, and/or impressions, are noted to include right fourth-toe fracture; and internal derangement of the right knee. Recent magnetic imaging studies of the right foot were stated to have been done in 12/2014, to rule out neuroma. Her treatments have included right knee physical therapy: ineffective; right foot steroid injection therapy: minimally effective x 1 day, followed by diagnostic injection therapy: right foot; acupuncture treatments: minimally effective; medication management; and modified work duties. The progress notes of 4/9/2015 noted complaints which included intermittent, random, and moderate right knee pain, with electric-like feeling in the right leg/knee associated with numbness and burning, and a palpable mass in her knee with limited range-of-motion which resulted in a 30 pound weight gain; and constant, severe right foot and toe pain which worsened with each step and continued at rest; along with the inability to stretch her toes. The objective findings were noted to include right knee effusion with tenderness to the medial and anterior right knee; restricted right range-of-motion with left functional limitations; and positive McMurray's test on the right. The impression was for internal derangement of the knee, and the physician's requests for treatments were noted to include acupuncture treatments for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

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

**Decision rationale:** Provider requested initial trial of 12 acupuncture sessions, which were denied by the utilization review. 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.