

<b>Case Number:</b>	CM15-0167498		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 55 year old female who sustained an industrial injury on 11-14-14. She had complaints of low back, left lower extremity and left knee pain. Progress report dated 7-15-15 reports continued complaints of activity dependent to constant, achy low back pain rated 8 out of 10. She also has complaints of activity dependent to constant moderate to severe 7-8 out of 10 achy left knee pain radiating to her hip. She also complaints of intermittent moderate achy left ankle pain rated 7 opt of 10. Diagnoses include: lumbosacral sprain and stain, sprain SI joint left, left knee sprain and strain, rule out left knee internal derangement, left ankle sprain and strain, spondylolisthesis lumbar at L4-5, spondylosis lumbar, osteophyto formation of the left patella, heel spur with tendinosis, and lumbar disc protrusions with bilateral nerve root at L4-5. Plan of care includes: continue acupuncture 2 times per week for 6 weeks, request previous medial records, await left knee surgery, obtain podiatrist. Work status: remain off work until 8-28-15. Follow up in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times a week over six (6) weeks for the left knee: Upheld**

**Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.**

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient complained of low back, left lower extremity and left knee pain. According to the progress report dated 7/15/2015, the patient completed 16 acupuncture sessions. However, there was no documentation of functional improvement. The Acupuncture Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. Based on the lack of documentation of functional improvement from prior acupuncture sessions, the provider's request for 12 acupuncture sessions for the left knee is not medically necessary at this time.