

<b>Case Number:</b>	CM15-0168599		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	06/17/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 was a 51 year old male, who sustained an industrial injury, June 17, 2015. The injury was sustained when the injured worker slipped and fell landing on the right knee. According to progress note of June 19, 2015, the injured worker's chief complaint was right knee and low back pain. The injured worker rated the pain in the right knee 8 out of 10. The lumbar pain was rated at 8.5 out of 10. The McMurray's test was positive at flexion of 90 degrees. The Kemp's test was positive of the lumbar spine. The straight leg raises were positive in a sitting position at 10%. The injured worker was diagnosed with right knee internal derangement and lumbar spine sprain and or strain. The injured worker previously received the following treatments: Emergency room visit on July 9, 2015 for a possible deep vein thrombus of the left leg, lumbar spine x-ray on July 24, 2015, which showed moderate to severe discogenic spondylosis L4-S1 with mild degenerative facet joint arthrosis L4-S1, straightening of the lumbar lordosis, limited range of motion was achieved with flex and extension, right knee x-rays on July 24, 2015 showed moderate tri-compartment osteoarthritis, degenerative enthesopathy was noted at the superior and inferior aspects of the patella and at the tibia tuberosity, Voltaren, Protonix, Zolpidem and Gabapentin. The RFA (request for authorization) dated July 22, 2015, which included the following treatments 6 sessions of acupuncture for the lumbar spine and right knee. The UR (utilization review board) denied certification on July 30, 2015, due to the documentation from the orthopedist evaluation was not provided for any internal derangement of the right knee, therefore the guidelines were not met for acupuncture.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 sessions of acupuncture, lumbar & right knee:** Upheld

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

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

**Decision rationale:** The July 30, 2015 utilization review document denied the treatment request for acupuncture treatment to the patient's lumbar spine and right knee citing CA MT US acupuncture treatment guidelines. The reviewed medical records did not address the patient's prior physical rehabilitation progress or necessity for surgical intervention or any evidence that medication treatment had failed. There was no evaluation findings supporting internal derangement of the knee. The reviewed medical records failed to identify the patient's prior medical history of acupuncture management and if provided what evidence of functional improvement was obtained. The medical necessity for acupuncture care, six visits to the patient's lumbar spine and right knee was not found in the reviewed medical records or compliant with CA MT US acupuncture treatment guidelines.