

<b>Case Number:</b>	CM15-0181356		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/04/2002
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 66 year old female who sustained an industrial injury 09-04-02. A review of the medical records reveals the injured worker is undergoing treatment for left knee degenerative osteoarthropathy with degenerative meniscal tears, right knee pain, right shoulder, right ankle pain, and cervical myofascial pain. Medical records (07-30-15) reveal the injured worker complains of left knee pain rated at 8/10, right knee pain rated at 7/10, low back pain with lower extremity symptoms rated at 9/10, right shoulder pain rated at 6/10, right ankle pain rated at 5/10, and cervical pain rated at 7/10. There are no pain ratings 05-13-15 through 07-08-15. The physical exam (07-30-15) reveals tenderness in the bilateral knees, lumbar spine, right shoulder and ankle, and cervical spine. Decreased range of motion is noted in the left knee, cervical and lumbar spines, right ankle and right shoulder, and pain is noted with range of motion in the right ankle and cervical spine. Prior treatment includes medications, steroid injections, and multiple therapy sessions. The original utilization review (08-24-15) non-certified the request for 12 acupuncture treatments to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 for the left knee only:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter (online version); ACOEM Practice Guidelines 2004 Work- Relatedness Chapter 4 page.

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

**Decision rationale:** It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.