

<b>Case Number:</b>	CM15-0181759		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/02/2015
<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, Montana

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 54 year old female, who sustained an industrial injury on 8-18-2010. The injured worker was diagnosed as having chondromalacia patella. Treatment to date has included diagnostics, acupuncture (progress report 4-28-2015 referenced 6 sessions completed 11-2014), chiropractic, lumbar spinal surgery 12-2014, and medications. Many documents within the submitted medical records were handwritten and difficult to decipher. Currently, the injured worker complains of increased pain in her knees, not currently rated. Her work status was permanent and stationary and she was currently not working. Objective findings related to the lumbar spine included tenderness at the lumbosacral junction. Exam of the knees noted tender bilateral peripatellar and crepitus. Medication included Tramadol ER, Fexmid, and Sonata. She was documented as allergic to all nonsteroidal anti-inflammatory drugs. An acupuncture progress report (11-20-2014) noted "improved" range of motion, strength, endurance, and activities of daily living, and "decreased" pain and "reduced" pain medication. Per the request for authorization dated 8-26-2015, the treatment plan included 4 Acupuncture sessions (to the lumbar spine and bilateral knees) to include infra lamp, medical supply, and kinesio tape, modified by Utilization Review on 9-02-2015, to 4 acupuncture sessions to include infra lamp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Acupuncture sessions to include infra lamp, medical supply, and kinesio tape: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions to the lumbar spine and bilateral knees to include infra lamp, medical supply, and kinesio tape, modified by Utilization Review on 9-02-2015, to 4 acupuncture sessions to include infra lamp. An acupuncture progress report (11-20-2014) noted "improved" range of motion, strength, endurance, and activities of daily living, and "decreased" pain and "reduced" pain medication. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Furthermore, MTUS guidelines do not address medical supply or kinesio-taping as a form of treatment to be used with Acupuncture. Per review of evidence and guidelines, additional 4 acupuncture sessions to the lumbar spine and bilateral knees to include infra lamp, medical supply, and kinesio tape, are not medically necessary.