

<b>Case Number:</b>	CM15-0183276		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 52 year old female, who sustained an industrial injury on 4-14-2014. The medical records indicate that the injured worker is undergoing treatment for status post left knee arthroscopy with residuals (6-20-2014). According to the progress report dated 6-25-2015, the injured worker presented with complaints of constant pain in the left knee associated with giving way, locking, swelling, popping, and clicking. She notes tenderness on the inside of her knee. The pain increases with walking or standing over 15 minutes, flexing and extending the knee, and ascending or descending stairs. On a subjective pain scale, she rates her pain 2 out of 10 increasing to 4.4 out of 10. The physical examination of the left knee reveals crepitation with range of motion, medial joint line tenderness, and decreased range of motion. The current medications are Ibuprofen. Previous diagnostic studies include X-rays and MRI. Treatments to date include medication management, 24-28 sessions of physical therapy (mild temporary relief), home exercise program, acupuncture, and surgical intervention. Work status is described as modified duty. The original utilization review (8-25-2015) had non-certified a request for 6 additional acupuncture sessions to the left knee. Per a prior UR review dated 8/24/15, 6 acupuncture sessions were previously approved. Acupuncture notes were submitted on 7/14/15, 7/15/15, 7/29/15, 7/30/15. Per a PR-2 dated 9/10/2015, the claimant had acupuncture yesterday and it caused increased pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x3 Left Knee: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. The claimant is even reported to be doing worse from acupuncture. In addition, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.