

<b>Case Number:</b>	CM15-0185096		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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:

This 52 year old female sustained an industrial injury on 10-16-14. Documentation indicated that the injured worker was receiving treatment for bilateral knee sprain and strain. Previous treatment included physical therapy, knee brace and medications. X-rays of bilateral knees (7-31-15) showed degenerative joint disease. In a PR-2 dated 5-22-15, the injured worker complained of pain 9 out of 10 on the visual analog scale. The injured worker reported that physical therapy was not helping. Physical exam was remarkable for 3+ tenderness to palpation to the right knee joint line with "full" range of motion and negative McMurray's and left knee with 5+ tenderness to palpation, positive McMurray's and range of motion 100-90 degrees with pain. In a PR-2 dated 7-23-15, the injured worker complained of bilateral knee pain, rated 5 to 7 out of 10, associated with weakness. Physical exam was remarkable for bilateral knees with swelling, "decreased and painful" range of motion, tenderness to palpation to the anterior knees, lateral and medial joint lines and superior border, tenderness to palpation to the right knee superior border, muscle spasms to the anterior and posterior of the right knee with positive right McMurray's and motor strength 4 out of 5 to the left knee hamstring and quadriceps. The treatment plan included requesting physical therapy once a week for six weeks to decrease pain and spasms and increase range of motion and activities of daily living, nerve conduction velocity test and electromyography of bilateral lower extremity, acupuncture once a week for six weeks to reduce pain and spasm and x-rays of both knees. On 8-13-15, Utilization Review non-certified a request for acupuncture once a week for six weeks for bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, once a week, for six weeks, for the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." On 05-19-15 the provider requested an acupuncture trial. A second request was made on 06-18-15 (acupuncture x 6), with a third request dated 07-23-15 for acupuncture x 6. The review of records does not revealed the number of sessions completed or the benefits obtained from such care. Without documenting the number of sessions already completed and the objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture, the medical necessity of the additional acupuncture has not being demonstrated. Therefore, the request acupuncture x 6 is not medically necessary.