

<b>Case Number:</b>	CM15-0189652		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/27/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This 50 year old female sustained an industrial injury on 9-27-14. Documentation indicated that the injured worker was receiving treatment for bilateral knee sprain and strain with internal derangement. Previous treatment included physical therapy, injections and medications. Past medical history was significant for arthroscopic knee surgery times two in the 1990's. In a PR-2 dated 3-4-15, the injured worker had completed 12 sessions of physical therapy for bilateral knees. The injured worker stated that physical therapy had been beneficial but still complained of achiness, stiffness and pain in bilateral knees. The physician documented that magnetic resonance imaging left knee (11-6-15) showed a small subacute fracture of the lateral tibial plateau and magnetic resonance imaging right knee showed non-displaced subchondral plate fracture of the tibial plateau. The physician recommended additional physical therapy. In a PR-2 dated 7-23-15, the physician stated that there had been no significant improvement since the last exam although left knee injection had improved her symptoms. Physical exam was remarkable for bilateral knees with tenderness to palpation to the patellar tendons, tibial tuberosities and medial areas, range of motion "within functional limits" and positive bilateral McMurray's test. The treatment plan included continuing medications (Lidoderm and Tramadol), acupuncture three times a week for two weeks and a gym membership. In a visit note dated 8-20-15, the injured worker had begun acupuncture. Documentation did not disclose the number of acupuncture sessions completed. The injured worker complained of ongoing left hip pain. The injured worker reported developing significant jaw pain due to clenching her jaw and grinding her teeth at night secondary to pain. The injured worker reported that she had also developed

low back pain. The injured worker had an abnormal gait due to pain and was unable to go up and down stairs without pain. Physical exam was remarkable for was unchanged. The treatment plan included continuing medications (Tramadol and Lidoderm), completing acupuncture, ordering additional 12 sessions of acupuncture, continuing home exercise and requesting a home exercise kit for the knee. On 8-31-15, Utilization Review noncertified a request for 12 visits of acupuncture for bilateral knees.

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

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

**Acupuncture for bilateral knees, 3 times a week for 4 weeks, quantity: 12 sessions:** 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 12 acupuncture sessions for bilateral knees which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Per review of evidence and guidelines, 12 acupuncture treatments for bilateral knees are not medically necessary.