

<b>Case Number:</b>	CM15-0200010		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/18/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

The injured worker is a 27 year old male, who sustained an industrial injury on January 18, 2015. He reported immediate left knee pain. The injured worker was currently diagnosed as having left knee contusion, sprain and internal derangement. Treatment to date has included ice application, medication, diagnostic studies and physical therapy. Physical therapy was noted to help temporary for one week. On June 26, 2015, the injured worker complained of frequent pain in the medial equal to lateral joint lines rated a 7 on a 1-10 pain scale at worst and a 3 at best. There is occasional giving way approximately once a month and locking approximately once a month. He reported increased pain in his left knee with activities of daily living and trouble getting restful sleep due to pain. Physical examination revealed patellofemoral pain in the left and crepitation bilaterally on range of motion. There was medial and lateral joint line tenderness on the left. McMurray test was noted to be positive on the left. The treatment plan included acupuncture to the left knee two times a week for four weeks, psychologist consultation to rule out depression, medication, transcutaneous electrical nerve stimulation unit and a follow-up visit. On September 24, 2015, utilization review denied a request for acupuncture for the left knee three times a week for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the left knee, three times a week for two weeks: Upheld**

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

**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 read extension of acupuncture care could be supported 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." Despite that eight acupuncture sessions were already completed, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement obtained with prior acupuncture care or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. The request is not medically necessary.