

<b>Case Number:</b>	CM15-0203828		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 is a 53 year old male with a date of injury on 10-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic left knee and lower back pain. Progress report dated 9-8-15 reports continued complaints of intermittent, moderate left knee pain that is aggravated by bending. He also has complaints of intermittent moderate lower back pain that radiates down the bilateral hips. Objective findings: lumbar spine is tender to palpation, there is spasm and restricted range of motion due to pain, left knee has tenderness to palpation along the medial lateral retraction, there is prepatellar compression, mild crepitus, mild lateral patella subluxation, range of motion flexion to 125 degrees and extension to 0 degrees and medial collateral ligament laxity is positive. Ultrasound evaluation of bilateral knee 5-19-15 revealed left medial meniscus posterior horn intrameniscal myxoid degeneration and peripheral fraying high grade II signal small joint effusion and right knee comparison normal. According to the medical records as of 6-9-15 the injured worker has been paying for acupuncture out of pocket because it relieves his pain. Treatments include: medication (Naproxen and omeprazole), physical therapy, and acupuncture. Request for authorization dated 9-8-15 was made for acupuncture 1 time per week for 4 weeks left knee. Utilization review dated 9-25-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 times 4 (4 sessions ) for the left knee:** 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." An unknown number of prior acupuncture sessions were rendered in last few years without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Consequently, the additional acupuncture is not supported for medical necessity.