MAXIMUS Federal Services

| Case Number: | CM15-0208332 | | |
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| Date Assigned: | 10/27/2015 | Date of Injury: | 09/12/2013 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

## 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 65 year old female, who sustained an industrial injury on 09-12-2013. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for left knee sprain-strain, rule out internal derangement of left knee, and muscle spasms. Treatment and diagnostics to date has included acupuncture and medications. Recent medications have included Lidopro topical ointment. Subjective data (08-25-2015 and 09-25-2015), included pain and tightness to left knee noting that "swelling and spasms are slightly better". Objective findings (09-25-2015) included pain, tenderness, and swelling and decreased range of motion to left knee. The treating physician noted that the injured worker "had 4 acupuncture sessions and did better; Now patient is 40% better" with improved activities of daily living due to acupuncture treatment. The request for authorization dated 09-30-2015 requested additional acupuncture to the right knee 2x6 weeks. The Utilization Review with a decision date of 10-12-2015 denied the request for additional acupuncture to right knee #12.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture right knee #12:** 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 could support additional care based on the functional improvement(s) obtained/documented with previous care. After twelve acupuncture sessions rendered in the past (reported as beneficial in symptom reduction, function-activities of daily living improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds the guidelines criteria without a medical reasoning or extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 12 is not medically necessary.