

<b>Case Number:</b>	CM15-0208702		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: 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 is a 30-year-old female with a date of industrial injury 7-9-2013. The medical records indicated the injured worker (IW) was treated for right knee strain, possible internal derangement. In the progress notes (7-6-15, 8-3-15), the IW reported pain in the bilateral knees rated 5 to 6 out of 10, worse on the right, with "buckling" of the right knee. Her symptoms were aggravated by prolonged sitting and walking. She reported right knee pain, unquantified, and other painful areas on 9-28-15. On examination (7-6-15, 8-3-15 and 9-28-15 notes), both knees were tender to palpation with limited ranges of motion; crepitus was present in the right knee in the most recent exam. Treatments included acupuncture (at least 7 sessions), with "moderate benefit" and medication (Nabumetone). The IW was released for modified duty. The provider's treatment plan included continuing acupuncture due to previous benefit. The records reviewed included seven acupuncture visits. There was no clear evidence of functional gains from the therapy. A Request for Authorization was received for eight additional sessions of acupuncture for the right knee. The Utilization Review on 10-9-15 non-certified the request for eight additional sessions of acupuncture for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional sessions of acupuncture for the right knee: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.