

<b>Case Number:</b>	CM15-0022833		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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:

The injured worker is a 50 year old female, who sustained an industrial injury on October 10, 2010. The mechanism of injury is unknown. The diagnoses have included pain in the joint of lower leg, reflex sympathetic dystrophy of lower limb, thoracic or lumbosacral neuritis or radiculitis and arthropathy of lower leg. Treatment to date has included acupuncture treatment, home exercises, one session of physical therapy and medications. Per a Pr-2 dated 1/15/2015, the claimant has multiple joint pain. She has pain in the lower back, left thigh, left knee, right knee, left leg and left foot. She states medications are less effective. Currently, the injured worker complains of multiple joint pain. With her current medication regimen, her pain symptoms were noted to be adequately managed. Acupuncture sessions have allowed her to complete her activities of daily living with less discomfort and she was able to engage better in her home exercise program. She is not increasing her oral medication even though she has been more physically active. She also reports having fewer flare-ups. She is able to increase structured activities outside the home and participate on her family life and recreational activities with less discomfort. Per a Utilization review appeal letter dated 2/3/2015, the provider is requesting acupuncture for the knee rather than the back. He is also modifying the request to six sessions.as an initial trial of acupuncture for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional acupuncture for the left knee and left ankle:** Upheld

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

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

**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. If this is a request for an initial trial, eight visits exceeds the recommended guidelines. The provider has sent a modification but the independent medical review was for eight sessions. Therefore further acupuncture is not medically necessary.