

<b>Case Number:</b>	CM15-0024178		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 33 year old female who sustained an industrial injury on 10/13/14 involving a slip and fall where she landed on her right arm and hand. She currently complains of intermittent right wrist pain associated with numbness and tingling, constant right knee pain. Her pain severity is 6/10. Medications are meloxicam, acetaminophen and orphenadrine. Diagnoses include right wrist /hand sprain/ strain; right knee sprain/ strain; right wrist contusion; right knee contusion; right carpal tunnel syndrome; insomnia; anxiety and depression. Treatments included medications and physical therapy. Diagnostics included x-ray of the right wrist and knee which were negative. In the progress note dated 12/18/14 the treating provider requested acupuncture treatments, additional medications including tramadol, naproxen, cyclobenzaprine and omeprazole and compounded creams and additional physical therapy. Per a PR-2 dated 12/18/2014, the claimant has received a course of conservative treatments such as medications, physical therapy, and acupuncture with no changes in her symptoms. Per a PR-2 dated 11/18/2014, the claimant has right wrist and forearm. Examination reveals positive Cozen's on right, Tinel's on right, Phalen's on right, and Finkelstein's on right. There is also tenderness over the right lateral epicondyle, medial and lateral right knee joint line tenderness. There is swelling of the right knee. The claimant states that she has had a short course of acupuncture which has helped. She is working modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six visits of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

**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 some subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.