

<b>Case Number:</b>	CM15-0026294		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 61-year-old female with an industrial injury dated September 3, 2008. The injured worker diagnoses include tear medial and lateral meniscus right knee, status post arthroscopy of right knee with partial lateral meniscectomy on 10/4/09, status post arthroscopy of left knee, tendinitis bilateral shoulders, lateral epicondylitis of bilateral elbows, cubital tunnel syndrome of bilateral elbows, carpal tunnel syndrome of the bilateral wrists, de Quervain's tendinitis of the bilateral wrist, musculoligamentous of the cervical spine with upper extremity radiculitis, discoid lateral meniscus of left knee, chondromalacia medial femoral condyle left knee, status post arthroscopy of left knee with partial lateral meniscectomy, status post right knee arthroscopy with partial medial and lateral meniscectomy on 12/14/10, osteoarthritis of bilateral knees, musculoligamentous sprain of lumbar spine with lower extremity radiculitis, disc bulges in the cervical, thoracic and lumbar spine per MRI, metatarsalgia of the bilateral feet and possible interdigital neuroma of the bilateral feet . She has been treated with diagnostic studies, radiographic imaging, physical therapy, acupuncture therapy, prescribed medications and periodic follow up visits. In a progress note dated 12/10/2014, the injured worker reported bilateral knee pain consisting of popping and giving out, with left greater than right. Objective findings revealed that the straight leg-raising test, in a sitting position, was 70 degrees on the right and 70 degrees on the left with pain to the low back. The treating physician is requesting acupuncture 2x8 sessions for the left knee and both feet. UR determination on January 15, 2015 denied the request for Acupuncture 2x8 sessions for the left knee and both feet, citing MTUS guidelines.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2x8 sessions for the left knee both feet:** Upheld

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

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

**Decision rationale:** MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture 2x8 sessions for the left knee both feet is not medically necessary and appropriate.