

<b>Case Number:</b>	CM15-0210615		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Emergency 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 53-year-old male, who sustained an industrial injury on October 11, 2014. He reported injury to his left knee. The injured worker was currently diagnosed as having left knee contusion and aggravation of low back pain secondary to altered gait. On August 11, 2015, the injured worker complained of intermittent, moderate left knee pain that is aggravated by walking, bending and twisting. He reported a decrease in his low back pain. At the time of exam, he had completed two acupuncture sessions, which were reported to provide "only minimal relief." He was also noted to have had six sessions of physical therapy for the left knee that provided pain relief and stability. Physical examination of the left knee revealed tenderness to palpation, mild lateral patella subluxation, prepatellar compression and mild patellar crepitus. Range of motion was noted to be restricted with flexion to 125 degrees and extension to 0 degrees. Medial Collateral Ligament Laxity was positive. The treatment plan notes included physical therapy, acupuncture and Naproxen. On October 14, 2015, utilization review denied a request for acupuncture one time a week for four weeks for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 4 weeks for the left knee:** Upheld

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

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

**Decision rationale:** As per MTUS acupuncture treatment guidelines, an initial trial may be considered for acute injuries. Patient's initial trial provided "minimal" improvement. There is no documented evidence that acupuncture provides any objective benefit. Acupuncture is suppose to be used alongside evidence based rehabilitation and/or surgery to hasten recovery. None of that is noted on record. Additional sessions are not supported or recommended.