

<b>Case Number:</b>	CM15-0056167		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 was a 51 year old female, who sustained an industrial injury, January 22, 2013. The injured worker previously received the following treatments chiropractic services, Monovisc injection, x-rays right knee, x-rays left knee and lumbar spine, cervical spine MRI, left knee MRI and right knee MRI. The injured worker was diagnosed with degenerative joint disease of bilateral knees. According to progress note of December 19, 2014, the injured workers chief complaint was persistent neck and back pain and bilateral knee pain. The physical exam noted the injured worker holds neck in normal position. There was no tenderness with direct palpation over the cervical spinous process. There was tenderness without spasms in the upper trapezius. Cervical flexion and extension increased neck pain in the cervical paravertebral muscles. The injured worker has had chiropractic services in the past with good results. The treatment plan included acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture visits quantity: 16:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 16 acupuncture sessions, which were modified to 12 by the utilization review. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 16 acupuncture treatments are not medically necessary.