

<b>Case Number:</b>	CM15-0084729		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: 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 55 year old male, who sustained an industrial injury on 12/5/2013. He reported losing his balance and falling, causing injury to his left ribcage, and right knee. The injured worker was diagnosed as having status post right knee arthroscopy, rule out left knee internal derangement/meniscal pathology, rule out right lumbar radiculopathy, and left chest wall injury with multiple fractures. Treatment to date has included medications, right knee surgery, acupuncture, physical therapy, and TENS. The request is for additional acupuncture. On 3/25/2015, he complained of low back pain rated 6/10, with lower extremity symptoms. The records indicate acupuncture to help diminish his pain and improve his tolerance to activity. Physical findings noted are lumbar spine tenderness with a positive straight leg raise test bilaterally. The treatment plan included additional acupuncture, and magnetic resonance imaging of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional Acupuncture 2 times a week for 6 weeks for the left chest wall: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that a number of prior acupuncture sessions were rendered, the patient continues symptomatic, and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to prior acupuncture was provided to support the reasonableness and necessity additional acupuncture. Additionally, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x 12 is not medically necessary.