

<b>Case Number:</b>	CM15-0087623		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 67-year-old male, who sustained an industrial injury on August 2, 2013, incurring left knee injuries. He was diagnosed with left knee osteoarthritis and a left knee sprain. Magnetic Resonance Imaging of the left knee revealed a complex flap tear with medial compartment arthrosis and chondromalacia and a joint effusion. Treatment included physical therapy, modified work restrictions, home exercise program, knee aspiration and pain management. The injured worker has a history of right knee osteoarthritis and meniscus tear. Currently, the injured worker complained of increased pain in the medial aspect and back of the knee. The treatment plan that was requested for authorization included eighteen acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Acupuncture treatments:** Upheld

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

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

**Decision rationale:** The patient complained of increased medial and posterior knee pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 4/2/2015, the provider reported that the patient had acupuncture in the past; however, it was for a separate injury. There was no evidence of acupuncture treatments for the current injury. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 18 acupuncture session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time.