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| <b>Case Number:</b>   | CM14-0129455 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 06/26/2010 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 07/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old male who reported low back pain and bilateral knee pain from injury sustained on 06/26/10 due to slip and fall. There were no diagnostic imaging reports. Patient is diagnosed with chronic low back pain; continued right knee stiffness, status post right arthroscopic surgery; left knee pain, rule out meniscus tear. Patient has been treated with right knee surgery (2012), medication, physiotherapy, Aquatic therapy and acupuncture. Per medical notes dated 05/02/14, patient complains of low back pain, left hip/SI joint pain, and bilateral knee pain. He is still taking medication. He states that the therapy and the medications are helping. Pain is made worse by sitting, standing or walking for long periods. Patient states low back and left knee pain are constant; right knee pain is intermittent and left hip/Si joint pain goes away with medications. Low back pain is rated 6-7/10, left hip pain 6-9/10, left knee 5-7/10 and right knee pain is rated at 3-6/10. Per medical notes dated 07/15/14, patient complains of upper back, low back, hip and knee pain. Provider requested additional 2X6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture sessions (2 x 6): Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider is requesting additional 12 acupuncture sessions. Requested visits exceed the quantity supported by guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Furthermore, Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome; hand/wrist or forearm pain. Per review of evidence and guidelines, additional 2X6 acupuncture treatments are not medically necessary.