

<b>Case Number:</b>	CM14-0179930		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. 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 61-year-old female, who sustained an industrial injury on 5/3/13. The injured worker was diagnosed as having left elbow sprain/strain, lumbosacral sprain/strain, internal derangement of the right knee, and status post arthroscopy of the right knee on 6/27/14. Treatment to date has included physical therapy, a home exercise program, electrical stimulation, heat/cold application, and medication. Currently, the injured worker complains of low back pain, left elbow pain, and right knee pain. The treating physician requested authorization for 12 acupuncture visits for the left elbow, lumbosacral area, and right knee (status post arthroscopy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture Visits for The Left Elbow, lumbosacral, right knee (status post arthroscopy): Upheld**

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. Given the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines criteria without documenting any extraordinary circumstances, the request is not medically necessary.