

<b>Case Number:</b>	CM14-0212857		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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:

This is a 35 y/o female patient with pain complains of her knees (bilateral). Diagnoses included patellofemoral joint pain, status post left knee arthroscopy. Previous treatments included: surgery (arthroscopy of left knee), injection, oral medication, physical therapy, acupuncture (unknown number of sessions or gains) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 12-04-14 by the PTP. The requested care was modified on 12-11-14 by the UR reviewer to approve three sessions and non-certifying nine sessions. The reviewer rationale was "acupuncture x12 exceeds the guidelines; prior course of acupuncture was beneficial, however no notes are available for the treatment received".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture for the Bilateral Knees 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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. Also states that 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." After an unknown number of prior acupuncture sessions (reported as beneficial), no documentation of any significant, objective functional improvement from previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Also, the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.