

<b>Case Number:</b>	CM14-0215756		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: 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 50 year old male, who sustained an industrial injury on 8/16/13. On 12/23/14, the injured worker submitted an application for IMR for review of acupuncture for the right knee, 2x/week for 4 weeks (8). The treating provider has reported the injured worker has experienced cumulative trauma to the right knee with ongoing pain. Treatment was initially for treatment of cellulitis and open wound secondary to staph infection; developed and abscess and underwent an Incision and Drainage, MRI Right knee, EMG/NCV bilateral lower extremities, physical therapy, medical consults, right knee brace, Functional Capacity Evaluation, right knee arthroscopic surgery, physical therapy, acupuncture, medical consultation for medications, internal medicine consultation, urine toxicology to "rule out meds toxicity". The diagnoses have included 717.2. On 11/24/14 Utilization Review modified the requested acupuncture for the right knee to four visits CA Medical Acupuncture Treatment Guidelines as an adjunct to the claimant's physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right knee, twice weekly for four weeks:** 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 not had Acupuncture treatment since surgery. Provider is requesting 8 acupuncture treatments which were modified to 4 acupuncture sessions by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.