

<b>Case Number:</b>	CM14-0218756		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

This is a 54 year old female who suffered an industrial related injury on 9/8/13 after a slip and fall accident. A physician's report dated 11/7/14 noted the injured worker suffered injury to the low back and bilateral knees. The injured worker participated in 8 physical therapy sessions. On 8/14/14 the injured worker underwent right knee arthroscopic surgery for a medial meniscus tear. Post-operatively the injured worker received 24 physical therapy visits. Diagnoses included right knee pain and mechanical symptoms, right knee medial meniscus tear, lumbar spinal strain, right lumbar radiculitis, lumbar degenerative disease, and facer arthrosis with small disc bulging. On 12/17/14 the utilization review (UR) physician denied the request for continued outpatient acupuncture 2-3 times a week for 6 weeks for the lumbar spine. The UR physician noted the requested number of acupuncture sessions exceeds the guideline recommendations without medical reasoning to support the request. Therefore the request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued outpatient acupuncture 2-3 times a week for 6 weeks to the lumbar:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider is requesting additional 2-3X6 acupuncture treatments which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2-3 X6 acupuncture treatments are not medically necessary.