

<b>Case Number:</b>	CM15-0016760		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 62 year old female, who sustained an industrial injury on December 30, 2012. The diagnoses have included derangement of medial meniscus, sprain/strain to the knee and leg. Treatment to date has included arthroscopic meniscectomy and debridement, acupuncture therapy, physical therapy and medication. Per a Pr-2 dated 1/5/2015, the injured worker reports that she has had 80% improvement with her post-operative physical therapy. She reports occasional pain which she rates a 1-6 on a 10-point scale. She reports pain in the medial joint line of the right knee. The evaluating physician noted that the injured worker has had eight sessions of acupuncture which has helped with the pain. On examination, the injured worker's flexion was 135 degrees and extension at 0 degrees. There was not pain to palpation and no increased temperature or ligamentous laxity. The claimant can sit stand walk for 30-60 minutes at a time. On January 22, 2015 Utilization Review non-certified a request for twelve sessions of acupuncture for the right knee, noting that the injured worker is five months following arthroscopic partial meniscectomy, the need for ongoing treatment was not apparent and there was no documentation of the physical examination by the surgeon. The Official Disability Guidelines was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of twelve sessions of acupuncture for the right knee. Per a PR-2 dated 10/30/2014, the claimant has knee pain. Rehab increases pain but improves mobility and strength. She states that acupuncture really decreases her pain. Per a initial acupuncture consultation dated 10/16/2014, the claimant has right knee pain and GPI of 30/60. Her functional deficits are 25 sitting, walking,

driving, and sitting and sleeps 5 hours and decreased knee range of motion. GPI became 21 on 12/4/2014 after the completion of acupuncture.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2x6 R Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) updated 12/31/2014, and Knee & Leg (acute & chronic) updated 06/05/2014

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with decreased pain on a general pain index and also increase of functional tolerance of sitting and standing. Since there was functional improvement and decrease of pain, further acupuncture is medically necessary.