

<b>Case Number:</b>	CM15-0064775		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 49 year old female who sustained an industrial injury on 09/10/2014. Current diagnoses include cervical spine disc bulges with radiculopathy, thoracic spine sprain/strain, lumbar spine disc bulges with radiculopathy, bilateral shoulder-left tendinitis and impingement syndrome, bilateral elbow/forearm-sprain/strain and tendonitis, left knee sprain/strain, tendonitis, and rule out derangement, and depression and anxiety. Previous treatments included medication management and acupuncture. Previous diagnostic studies include an MRI's of the lumbar spine, right lower extremity joint, left and right upper extremity joints, and cervical spine. Report dated 02/11/2015 noted that the injured worker presented with complaints that included neck pain with radiation, mid back pain, lower back pain with radiation, bilateral shoulder/forearm pain, and left knee and thigh pain with radiation. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for additional acupuncture, EMG/NCV study, and an orthopedic surgical examination and evaluation. Documentation supports that the injured worker has completed 24 visits of acupuncture. Disputed treatments include acupuncture times 8 visits for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8 visits for the left knee:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of neck, mid back, low back, bilateral forearm, and left knee pain. The patient completed 24 treatments of acupuncture according to the note dated 4/20/15. The provider noted that acupuncture has been satisfactory and range of motion was improved. However, there was no objective quantifiable documentation regarding functional improvement. There was no significant change in the range of motion. Based on the lack of functional improvement, the provider's request for 8 additional acupuncture sessions for the left knee is not medically necessary at this time.