

<b>Case Number:</b>	CM15-0095258		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 4/23/14. He reported tripping over a threshold and injuring his left knee. The injured worker was diagnosed as having left knee contusion. Treatment to date has included physical therapy, an ORIF of the right femur on 4/24/14 and a left knee x-ray on 2/26/15 showing medial compartment joint space narrowing. There is no documentation of current medications. On 9/11/14, the left knee range of motion was 0-190 degrees and a positive McMurray's sign. As of the PR2 dated 1/9/15, the injured worker reports bilateral knee pain. Objective findings include left knee range of motion 0 to 110 degrees, medial joint line tenderness and weakness over the vastus medialis oblique muscle. The treating physician requested acupuncture 2 x weekly for 4 weeks 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 two times four for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The claimant sustained a work injury in April 2014 and underwent ORIF of the right femur. When seen, he was having bilateral knee pain. Physical examination findings included decreased knee range of motion with joint line tenderness and weakness. Pain was rated at 5-6/10. There was a normal neurological examination. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.