

<b>Case Number:</b>	CM15-0097133		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 male who sustained an industrial injury on February 7, 2014. He has reported injury to the right knee and has been diagnosed with MCL rupture, osteoarthritis, medial and lateral meniscus tear, Plica syndrome-right knee open MCL repair with Achilles allograft, medial and lateral partial meniscectomy, chondroplasty of the medial femoral condyle and patellofemoral compartment, and Plica excision. Treatment has included surgery, physical therapy, medications, acupuncture, home therapy, and injections. Subjective data notes the injured worker is unable to completely straighten his knee secondary to hamstring and sciatic type pain. He continues to have ongoing concerns about lumbar and sciatic pain, cervical and foot was ankle burning. The assessment noted the injured worker continues to show improvement overall with 2-1 30 degrees flexion on the right. He had antalgic passive knee extension positioning with complaints in his hamstring/sciatic area. Quadriceps function was 4. There was minimal swelling about the right knee. Gait speed showed improvement when walking with a cane. Valgus stress test shows moderate laxity on the right. The treatment request included acupuncture six additional sessions. Per a PR-2 dated 4/24/2015, the claimant has finished six sessions of acupuncture, improved and has potential for further improvement. The claimant has had six prior sessions of acupuncture in 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of Acupuncture: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines.

**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 recently and the year before with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.