

<b>Case Number:</b>	CM13-0032782		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is Board Certified in Chiropractic and Acupuncture, in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old female who reported right shoulder, upper back and low back pain from injury sustained on 1/3/13. The patient was pulling a pallet of bakery items when she began having pain. MRI of lumbar spine revealed mild facet hypertrophy at L4-L5. MRI of cervical spine revealed small disc bulge at C4-5 and C5-6. MRI of shoulder revealed paralabral cyst, subscapularis tendon debridement and SLAP tear repairs. The patient was diagnosed with sprain of lumbar region, lumbosacral neuritis, sprain of thoracic spine, neck sprain, shoulder joint pain and post status right shoulder operative arthroscopy. The patient has been treated with medication, surgery (SLAP repair), physical therapy and aquatic therapy. According to notes dated 10/3/13, patient has pain in the right shoulder which is a dull 5/5. According to the notes dated 10/31/13, patient continues to have shoulder pain of 5/5. The treating physician is requesting 12 acupuncture visits for the left knee which is not part of the diagnosis. There is no assessment in the provided records of knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 12 FOR LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9, acupuncture is used as an option when pain medication is reduced and not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments. 2) Frequency 1-3 times per week. 3) Optimum duration 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The employee hasn't had prior Acupuncture treatment. According to the guidelines, 3-6 treatments are sufficient for initial course of Acupuncture. Acupuncture can be used as an adjunct to physical rehabilitation. The employee has not been treated for knee pain and it is not part of the initial diagnosis. The employee is not being treated for the knee pain with physical rehabilitation. According to the guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.