

<b>Case Number:</b>	CM13-0042213		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 licensed in Chiropractic and Acupuncture and is licensed to practice 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 67 year old female who reported low back, knee, shoulder, arm and wrist pain from injury sustained on 05/13/13 due to a fall. MRI of the right hip was unremarkable. MRI of the lumbar spine revealed multilevel disc desiccation with mild disc protrusion. MRI of the right knee revealed subluxation of medial meniscus and moderately severe chondromalacia patella with subchondral changes. The patient was diagnosed with lumbago, lumbar sprain/strain; pain in joint (lower leg); pain in joint-hand; sprain/strain of wrist, shoulder and upper arm. The patient has been treated with extensive medication, physical therapy, chiropractic and acupuncture. The patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 8/23/13 patient complained of constant low back pain rated 7/10 that radiates into bilateral legs; right shoulder pain with activity; right wrist pain described as mild; right knee soreness that is improved but still lingering. Per notes dated 10/1/13, low back pain was 7/10; right shoulder pain 6/10 and right knee pain 6/10. Per notes dated 12/17/13, the patient continues to have low back pain 7/10; right shoulder pain 6/10; right wrist pain 6-7/10; right knee pain 7/10 with limited range of motion. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The patient continues to have pain and is currently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture for the lumbar spine, right knee and right hip (6 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES

**Decision rationale:** The MTUS guidelines indicate that 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. Time to produce function improvement is 3-6 treatments with a frequency of 1-3 times per week. Acupuncture treatments may be extended if functional improvement is documented. This patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary