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| <b>Case Number:</b>   | CM13-0058644 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/02/2012 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 10/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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 Medicine 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 70-year-old who reported upper extremity pain from injury sustained on August 2, 2012 while performing his regular and customary duties. There no diagnostic imaging reports. Patient was diagnosed with cervical, thoracic, lumbar sprain/strain; status post left eye glaucoma surgery; right shoulder impingement. Patient has been treated with medication, eye surgery and medication. Per notes dated July 23, 2013, patient complaints of constant right shoulder pain radiating downward to elbow; on and off knee pain radiating upward, constant upper and lower back pain; constant throbbing; stiffness in the neck; left eye blindness, right eye vision is getting worse. Per Utilization review, the patient was authorized eight acupuncture sessions in August 2013. Acupuncture progress notes were not included in the review. Per notes dated November 12, 2013, patient complains of constant right shoulder pain; on and off left knee pain. Patient will have physical therapy and acupuncture twice per week for four weeks to increase functional aspect with increasing ambulation and decreasing pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical treatment Guidelines, 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: three to six treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Per utilization review, patient was authorized for eight sessions of acupuncture. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment 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. The request for eight sessions of acupuncture is not medically necessary or appropriate.