

<b>Case Number:</b>	CM13-0064635		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 66 year old male who reported neck, right shoulder, wrist, and knee and ankle pain from injury sustained on 6/30/10. Patient was pushing a pallet down a ramp when he lost control and was pushed to the side of the ramp. X-rays of the shoulder revealed degenerative changes. MRI of the cervical spine revealed C5-C6 narrowing of intervertebral space, 6 mm disc protrusion. MRI off right ankle revealed mild posterior tibialis tenosynovitis. Patient has over 14 diagnosis including cervical myospasm, cervical radiculopathy, cervical sprain/strain, right shoulder sprain/ strain, right knee sprain/ strain, right ankle sprain/ strain. Patient has been treated with extensive medication, epidural injection, right knee arthroscopy, physical therapy and acupuncture. Per notes dated 1/2/14, he continues to have pain and limited range of motion. Per notes dated 12/6/13, "patient shares that his pain is reduced with rest, heat and cold"; has been receiving acupuncture and it was temporarily helpful, however the pain levels have increased". Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. He remains symptomatic and out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: Per 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". "Time to produce function improvement: 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". Patient has had prior acupuncture treatment. 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. 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, acupuncture treatments are not medically necessary.