MAXIMUS Federal Services

| Case Number: | CM13-0065988 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 08/26/2009 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

## 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 Occupational Medicine 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:

This is a 49 year old male who has reported the gradual onset of neck, back, hand, knee, and shoulder pain attributed to usual work activity, with a date of injury listed as 8/26/09. Diagnoses have included radiculopathy, impingement, arthralgia, tendinosis, degenerative joint disease, and meniscal tear. Treatment has included hand surgery, physical therapy, occupational therapy, medication, TENS, injections, and elbow surgery. On 9/30/13 the treating physician prescribed 8 visits of acupuncture for "pain control". There was ongoing, multifocal pain and medications were reported to be effective without side effects. Work status was modified. There was no discussion of functional goals or current activity levels beyond the work status. Subsequent acupuncture reports are from visits in October 2013. The acupuncture report of 10/7/13 states that this is visit #14. The acupuncture report of 10/30/13 states that this is visit #21. The primary treating physician reports of 12/19/11, 2/24/12, and refer to current acupuncture treatment. There is no evidence of any functional improvement in those reports or other reports from around the same time period. On 12/3/13, Utilization Review certified six of eight requested acupuncture visits, noting the MTUS recommendations for an initial trial. This Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE RIGHT SHOULDER AND RIGHT KNEE (8 SESSIONS):**
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 9, 204

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

**Decision rationale:** The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The medical records show acupuncture visits completed prior to the 8 visits under review now. Those visits may account for the 14 visits completed by 10/7/13. The visits under review now represent additional acupuncture based on the medical records. The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of functional improvement. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Medical necessity for any further acupuncture is considered in light of functional improvement. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS and lack of sufficient focus on function now. The request is not in accordance with the MTUS recommendations for a limited quantity and duration of treatment.