

<b>Case Number:</b>	CM14-0100121		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 54 year old female with date of injury 9/2/13. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, lower back, right shoulder and bilateral wrist pain since the date of injury. She has been treated with physical therapy, acupuncture and medications. There are no radiographic data included for review. Objective: no documented physical examination included; Diagnoses: no listed diagnoses included in the provided documents. Treatment plan and request: acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 visits of acupuncture with infra lamp (through Align Networks 866-389-0211): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back complaints Page(s): page 300.

**Decision rationale:** This patient is a 54 year old female who has complained of neck, lower back, right shoulder and bilateral wrist pain since the date of injury of 9/2/2013. She has been treated with physical therapy, acupuncture and medications. The current request is for

acupuncture, 6 visits with infra red lamp. There are no included provider notes which discuss the request and rationale for obtaining acupuncture treatment in this patient. On the basis of this lack of documentation, acupuncture treatments are not indicated as medically necessary.

**6 kinesi taping/medical supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.PubMed.com](http://www.PubMed.com).

**Decision rationale:** This 54 year old female has complained of neck, lower back, right shoulder and bilateral wrist pain since the date of injury of 9/2/2013. She has been treated with physical therapy, acupuncture and medications. The current request is for kinesi taping. There are no included provider notes which discuss the request and rationale for obtaining kinesi taping in this patient. On the basis of this lack of documentation, kinesi taping is not indicated as medically necessary.