

<b>Case Number:</b>	CM14-0104740		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 a licensed Doctor of Chiropractic, has a subspecialty in 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 50 year old female who reported neck, shoulder, arm, wrist, low back, knee/leg, and ankle pain from injury sustained on 08/10/11 after she tripped over a mat and landed on her knees. MRI of the left knee revealed diffuse mucoid degeneration; subchondral cortical irregularities, severe chondral thinning involving the medial joint compartment and lateral patellar facet and lateral trochlear articular cartilage; small circumferential marginal osteophyte; moderate joint effusion with synovial thickening and popliteal cysts. Patient is diagnosed with sprain of neck, lumbar and thoracic spine; sprain/strain of shoulder and upper back; wrist sprain; carpal tunnel syndrome; sprain/ strain of unspecified site of knee/leg; ankle sprain and calcaneal spur. Patient has been treated with medication, hip injection, knee injections, physical therapy and acupuncture. Per medical notes dated 04/09/14, patient complains of constant low back pain with radiation to bilateral feet. Patient has antalgic gait upon ambulation with 4 point cane. Examination revealed tenderness to palpation and decreased range of motion. Pain is decreased with medication, physical therapy and acupuncture. Per medical notes dated 05/07/14, patient complains of neck pain rated 7/10, thoracic spine pain rated 8/10; lumbar spine pain rated 8/10; bilateral shoulder pain rated 7/10; bilateral hand/wrist pain rated 6/10; bilateral elbow pain rated 7/10; bilateral knee pain rated 8/10 and bilateral feet/ankle pain rated 7/10. Examination revealed decreased range of motion and tenderness to palpation of the lumbar spine. Patient reports decreased pain with medication, physical therapy and acupuncture. Provider is requesting an additional 3X4 acupuncture session which was modified to 6 by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture three times a week for four weeks for the neck, shoulder, arm, wrist, lumbar spine, knee, leg, and ankle.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**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. Per medical notes dated 04/09/14 and 05/07/14, patient reports decreased pain with acupuncture. Provider requested 3X4 acupuncture treatments which were modified to 6 visits by the utilization reviewer. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake. Per review of evidence and guidelines, 3X4 acupuncture treatments are not medically necessary.