

<b>Case Number:</b>	CM14-0017047		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Acupuncture has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant has filed an industrial claim for cervical and lumbar spine pain with upper and lower extremity pain and radiculopathy. Carpal tunnel syndrome diagnosis is present, as well as bilateral knee and right ankle pain. The injury occurred on 5/20/11. The mechanism of injury is not provided. As per the treating physician's most recent report dated 1/17/14, the applicant is experiencing a lot of pain and stiffness in her left shoulder and neck. The applicant reported that acupuncture and massage help her with the pain. On 10/28/13, the acupuncturist reported the patient's condition as "not getting worse" and describes her pain as sharp, throbbing, aching, shooting, tingling and cramps in her neck, low back and knee; all symptoms present after 5/20/2011. Current complaints of low back pain, but the neck and left knee pain has decreased. The acupuncturist requested an extension of eight more treatments on that day. Treatment has included multiple physical therapy sessions, multiple acupuncture treatments, orthopedic care, oral and topical analgesic, anti-inflammatory and muscle relaxant medications. Applicant's work status is unchanged as permanent and stationary with work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 TIMES WEEKLY FOR 6 WEEKS FOR THE RIGHT ANKLE, BOTH KNEES, BOTH PALMS, BACK AND NECK: Upheld**

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received acupuncture care prior to this request of at least ten more recent sessions and those sessions were approved based on the guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". A review of the medical records provided shows the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant remains at permanent and stationary with unchanged work restrictions. This implies a failure of all treatment, including acupuncture. Therefore, the request for acupuncture 2 times weekly for 6 weeks for the right ankle, both knees, both palms, back and neck is not medically necessary.