

<b>Case Number:</b>	CM14-0129302		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 52-year-old female with a reported date of injury on 06/19/2013. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include right carpal tunnel syndrome, right knee strain with internal derangement, and cervical myospasm with underlying disc herniation and spondylosis. Her previous treatments were noted to include physical therapy, acupuncture, and medications. The progress note, dated 04/22/2014, revealed complaints of right hand pain and dysfunction with subjective weakness and right knee pain and dysfunction that followed work related activities. The physical examination of the lumbar spine revealed decreased range of motion. The physical examination of the cervical spine revealed decreased range of motion with tenderness and spasm with pain on extension. The motor strength examination of the upper extremities revealed decreased grip strength to the right hand. The motor examination of the lower extremities revealed full motor strength. The sensory examination of the upper extremities and lower extremities was full. The deep tendon reflexes were diminished at 1+ to the Achilles. The provider indicated the injured worker's right hand pain and dysfunction were correlative with carpal tunnel syndrome, and was corroborated with positive findings on the clinical examination. The provider indicated the injured worker was a candidate for carpal tunnel release. The progress note dated 06/05/2014, revealed complaints of pain to the cervical/lumbar spine and bilateral hands, wrists, and knees, all rated 7/10. The physical examination of the cervical and lumbar spine revealed tenderness to palpation to the paravertebral muscles. The acupuncture progress note dated 06/18/2014, revealed complaints of pain, soreness, stiffness to the neck. Pain scale rated on average 3/10. The injured worker indicated after the fourth acupuncture treatment, she was able to turn her neck more. The Request for Authorization form was not submitted within the medical records. The request was

for acupuncture twice a week for four weeks (8 total), to the bilateral knees and wrists, neck, and lumbar spine; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture, 2 x per week for 4 weeks (8 total), to the bilateral knees & wrists, neck, and lumbar:** Upheld

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

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

**Decision rationale:** The request for Acupuncture, twice per week for four weeks (8 total), to the bilateral knees and wrists, neck, and lumbar is not medically necessary. The injured worker has participated in previous acupuncture sessions. The Acupuncture Medical Treatment Guidelines state when 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. The guidelines recommend the frequency and duration of acupuncture with time to produce functional improvements is 3 to 6 treatments, with a frequency of 1 to 3 times per week, and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding objective functional improvement with previous acupuncture therapies. The injured worker indicated she was able to move her neck more, but there was a lack of documentation with quantifiable objective functional improvements. Additionally, the request for 8 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically necessary.