

<b>Case Number:</b>	CM14-0150422		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Chiropractic and Acupuncture 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 injured worker is a 39-year-old male climber who was injured after a trip and fall. The injured worker reported multiple injuries and has been medically diagnosed with disc bulging in the cervical and lumbar spine, left ankle sprain/strain, insomnia, bilateral knee menisci degeneration, left shoulder rotator cuff bicipital tenosynovitis and bilateral subchondral cyst formation and avascular necrosis along the ulnar surface of the lunate in the wrist. To date the applicant has undergone multiple test studies, including x-rays, and MRI, which have been used to determine his current diagnosis. A request for 8 acupuncture therapy sessions for the left shoulder, bilateral knees, cervical spine, lumbar spine, left ankle and bilateral wrist was requested. The most recent progress report dated June 30, 2014, revealed continued subjective complaints of neck, low back, left shoulder, bilateral knee, bilateral wrist and left ankle pain. Positive objective findings include tenderness in the cervical and lumbar spine, bilateral knee medial and lateral joint line tenderness as well as positive orthopedic tests (Tinel's and Phalen's) of the wrists. It is also noted in the progress report that the applicant's condition was improved with medication and therapy. Review of the medical report dated March 14, 2014, reveals that the applicant is treating with analgesic medication and has not returned to work. No report of prior acupuncture treatment was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture therapy sessions for the left shoulder, bilateral knees, cervical spine, lumbar spine, left ankle, and bilateral wrists: Upheld**

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

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

**Decision rationale:** Notes that the time to produce functional improvement is 3-6 acupuncture treatments. In this case, the applicant has requested 8 acupuncture treatments, which falls outside the recommended 3-6 visits. No evidence of prior acupuncture treatment was provided. Therefore based on the guidelines and a review of the evidence, the request for 8 acupuncture treatments is not medically necessary on Independent Medical review.