

<b>Case Number:</b>	CM14-0176115		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 licensed in Chiropractic and 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 66 year old female who reports bilateral knee, bilateral ankle and bilateral heel pain resulting from a work related injury on 07/18/2013. Patient states the injuries are a result of industrial cumulative trauma between the dates of 07/18/2012 and 07/18/2013. Diagnostic imaging reports were not made available for review, however some diagnostic test results were available within orthopedic evaluation dated 08/28/2014. MRI of the lumbar spine on 10/24/2013 revealed diffuse spondylotic changes and grade 1 anterolisthesis of L4 over L5 and L5 over S1. There is moderate bilateral neural foraminal narrowing at multiple levels from L3-4 through L5-S1 with posterior facet hypertrophy and ligament flavum hypertrophy. MRI of the right shoulder performed 10/30/13 reveals acromioclavicular joint osteoarthritis and glenohumeral osteoarthritis, complete tear of the supraspinatus tendon with 11mm of tendinosis retraction and fluid in the subdeltoid bursa most consistent with bursitis in direct communication. Patient is diagnosed with sprain shoulder, sprain of knee and leg, sprain lumbar region and ankle sprain/strain. Progress notes from primary physician have been provided however all notes are handwritten and illegible. Patient has been treated with medication, acupuncture, knee brace, right knee cortisone injection and right shoulder steroid injection. Primary treating physician requested 12 visits which were denied. Patient has had prior acupuncture treatments; however, there is no documented functional improvement. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Infrared electronic Acupuncture sessions 2-3X4 to the right knee, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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. Primary treating physician requested 12 visits which were denied 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.