

<b>Case Number:</b>	CM14-0184063		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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, 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 40 year old female who reports low back, left ankle and bilateral elbow pain resulting from a work related injury on 04/08/2014. Patient states she tripped over a piece of metal sticking out from a machine which caused her to fall to her knees and she suffered a cut to the right leg, as she was falling she grabbed the machine to avoid falling to the ground and that is when she felt the right shoulder pain. X-Ray of the right distal tibia and fibula revealed a normal study, no evidence of acute fracture or dislocation and no significant arthritic changes. X-Ray of the right knee revealed no abnormalities. X-Ray of the right shoulder revealed calcific infraspinatus tendinosis. X-Ray of the right ankle revealed no abnormalities. MRI of the right knee revealed joint effusion, lateral patellar tilt and subluxation with mild chondromalacia of the patella, mild tri-compartmental osteoarthritic changes, no meniscal tear, no fracture or contusion and anterior cruciate ligament is intact. MRI of the right ankle revealed a small joint effusion involving the tibiotalar joint, osteoarthritic changes of the talonavicular joint and no fracture or dislocation. MRI of the right shoulder revealed tenosynovitis of the long head of the biceps tendon, mild arthritic changes of the glenohumeral joint and acromioclavicular joint and no fracture or dislocation. MRI of the left ankle revealed evidence of a remote fracture involving the distal tibia, high grade arthritic changes and chondromalacia of the tibiotalar joint, remote sprain of the anterior talofibular ligament, osteoarthritic changes of the talonavicular joint and the posterior subtalar joint. Patient is diagnosed with lumbar spine sprain/strain with radiculitis, rule out herniated disc, left ankle sprain/strain, bilateral carpal tunnel syndrome, bilateral De Quervain's syndrome, cervical spine sprain/strain with radiculitis, rule out herniated disc, right wrist internal derangement and right lateral epicondylitis. Per notes dated 09/24/14, patient complains of pain in the low back, left ankle, and bilateral elbows, right greater than left. Upon examination there is tenderness over the paraspinal, trapezius and parascapular muscled,

bilaterally. Examination of the lumbar spine reveals tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base, bilaterally. There is tenderness and spasm over the spinous processes from L3 to S1 bilaterally. Patient has been treated with medication, acupuncture, physical therapy and injection to the right shoulder. Primary treating physician requested 6 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:

**Six sessions of additional acupuncture for the right ankle and knee:** 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. 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, additional 6 acupuncture treatments are not medically necessary.