

<b>Case Number:</b>	CM14-0036880		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/16/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 50 year old female who reported neck, right shoulder, chest and left knee pain from injury sustained on 01/16/2008 due to a motor vehicle accident. MRI (2011) of the lumbar spine revealed degenerative disc disease; facet arthropathy with post operative changes; multilevel neural foraminal narrowing. MRI (2011) of right knee revealed popliteal cyst with small joint effusion; patella tendinosis; lateral femoral tibial degeneration. CT scan of right lower extremity revealed knee joint effusion with tricompartmental osteoarthritis change. Patient is diagnosed with degenerative arthritis of the knee; failed back surgical syndrome; lumbar spondylosis; cervical spondylosis with radiculopathy; and disorder of the rotator cuff. Patient has been treated with surgery microdiscectomy(2009) at L4-5, 3 compartment synovectomy (2009), Arthroscopic chondroplasty of right patella, lysis of adhesion, intrapatellar tendon(2011); physical therapy; Aqua therapy; TENS unit and acupuncture. Per medical notes dated 12/12/13, bilateral right more than left knee pain was substantially exacerbated from recent injury contusion and sprain. Patient continued to rely on crutches. Examination revealed tremendous guarding of her knee especially to the right side. Per medical notes dated 03/06/14, surgeries have not been beneficial, felt even worse and over the years, symptoms further deteriorated, more pain and physical impairment. With her current level of symptoms and being cane dependent, she remained temporarily totally disabled. Provider is requesting additional acupuncture for pain management for various symptomatic areas. 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:

**acupuncture - neck, right shoulder, chest, low back, left knee - 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2d Ed., pp. 555-556.

**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. Per medical notes dated 03/06/14, provider is requesting additional acupuncture for pain management for various symptomatic areas. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 8 acupuncture treatments are not medically necessary.