

<b>Case Number:</b>	CM14-0077927		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 46 year old female who reported neck, bilateral shoulder, med back, low back, and bilateral wrists, left hip and bilateral knee pain from injury sustained on 01/06/12 due to cumulative trauma. MRI of the left wrist revealed distal radioulnar joint effusion, small subchondral cysts within the trapezius and scaphoid. MRI of the right wrist revealed ganglion cyst dorsal to the capitates; radiocarpal and ulnocarpal joint effusion; small subchondral cysts within the scaphoid. MRI of the left knee revealed full thickness chondral defect and medial displacement of the patella and joint effusion. MRI of the right knee revealed focal chondral defect; mucoid degeneration within the bodies of medial and lateral menisci; medial displacement of the patella; subchondral cyst within lateral tibial plateau. MRI of the thoracic spine revealed multilevel disc protrusion that abuts the thecal sac. MRI of the cervical spine revealed multilevel disc protrusion that abuts the thecal sac. MRI of the left hip revealed gluteus medius tendinosis. MRI of the lumbar spine revealed multilevel disc desiccation. Patient is diagnosed with chronic sprain of neck; chronic lumbar spine sprain/strain; chronic bilateral shoulder pain with left shoulder impingement; chronic bilateral knee pain associated with bilateral chondromalacia patella and chronic dynamic bilateral carpal tunnel syndrome. Patient has been treated with medication, extensive physical therapy and acupuncture. Per medical notes dated 01/28/14, patient complains of neck, low back, bilateral shoulder, bilateral wrists, bilateral knees and left hip pain. Patient received 12 months of physical therapy 3x/week and acupuncture treatments 2x/week for a year. In spite of the passage of time, time off work, acupuncture, abundant therapy the patient states she had no change. Patient specifically stated that medication, physical therapy and acupuncture have been of no benefit. Examination revealed decreased range of motion and tenderness to palpation. Provider is requesting additional 8 acupuncture treatments. 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, eight (8) sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Neck and upper back; carpal tunnel syndrome; hand/wrist and forearm)>, <Insert Topic (Acupuncture)>.

**Decision rationale:** Per MTUS-Acupuncture Medical treatment Guidelines pages 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 01/28/14, patient specifically stated that medication, physical therapy and acupuncture have been of no benefit. Patient had acupuncture 2xweek for a year. 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. Furthermore, Official Disability Guidelines do not recommend acupuncture for neck pain, carpal tunnel syndrome or hand/wrist and forearm pain. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.