

<b>Case Number:</b>	CM14-0191715		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 37 year old male who reports pain in his right shoulder and cervical spine resulting from a work related injury on 12/30/2013. The patient fell from a twelve foot high lamp injuring his right side and head. The patient is diagnosed with the following: scalp laceration, closed head injury, cervical, thoracic, and lumbar spine strain, right-sided cervical radiculopathy, contusion and straining injury of the right hip and pelvis, internal derangement of the right knee, right rotator cuff tendinitis and impingement syndrome, probable labral tear, straining injury of the chest, lumbar disc protrusion at L4, L5-S1 and cervical disc protrusion at C5, C6 and C7. Per physicians notes dated 10/27/2014, examination of the cervical spine reveals tenderness to palpation over the upper and lower paravertebral and trapezius muscle as well as increased pain with cervical motion. Examination of the thoracic spine reveals tenderness to palpation over the upper, mid and lower paravertebral muscles as well as mild limitation of motion. Examination of the right shoulder reveals tenderness to palpation over the anterior rotator cuff, mild AC joint and bicipital tenderness without irritability, positive impingement sign and positive grind sign. Examination of the lumbar spine reveals tenderness to palpation over the upper, mid and lower paravertebral muscles as well as pain with lumbar motion. There is a mildly tender and thickening of the interior aspect of the right thigh. Examination of the right knee reveals tenderness to palpation over the lateral joint line, lateral pain with McMurray's maneuver and mild patellofemoral irritability. Patient has been treated with medication, Acupuncture, physical therapy, injection and chiropractic care. Primary treating physician requested 12 visits which were non-certified by the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient continue Acupuncture (2 x 6) to the Lumbar, Cervical Spine and Right Shoulder:** Upheld

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

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

**Decision rationale:** The 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, the request for additional 12 visits are not medically necessary.