

<b>Case Number:</b>	CM14-0196403		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Acupuncturist and is licensed to practice in Florida. 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 patient is a 29-year-old male who sustained an industrial injury on 7/19/13 due to cumulative trauma. He had been diagnosed with: Thoracic sprain/strain, lumbar disc protrusion with neural foraminal narrowing, bilateral shoulder tendinitis, bilateral knee internal derangement, and bilateral ankle/feet/heel tenosynovitis. The patient has been prescribed the following medications: Naprosyn, Omeprazole, and Cyclobenzaprine. The patient has received shockwave therapy, PT, and acupuncture. After reviewing the documentation provided, the records suggest a subjective reduction of pain, however, the documentation provided fails to demonstrate any clinical evidence of functional improvement, or reduction of medication with the prior course of acupuncture treatment. The medical necessity for the requested acupuncture sessions has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture treatments for the shoulder, knees, lumbar spine, ankles and feet with Capsaicin patches:** Upheld

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

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

**Decision rationale:** The patient is a 29-year-old male who sustained an industrial injury to his back, shoulders, knees, ankles, heels, and feet. The mechanism of the injuries is due to cumulative trauma. The records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement or a reduction of pain medication from the previous acupuncture treatments. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any functional improvement from the previous acupuncture sessions. Therefore, the request for 8 acupuncture treatments would not be medically necessary.