

<b>Case Number:</b>	CM14-0036856		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 71-year-old female who sustained an industrial injury on 05/15/12. Initial complaints and diagnoses are not available. Treatments to date include medications and cortisone injections to the right elbow and left knee. Diagnostic studies are not discussed. Current complaints include low back, neck bilateral shoulder, bilateral wrist, and left knee pain. In a progress note dated 01/27/14 the treating provider reports the plan of care as a home exercise program, acupuncture treatments, and medications including tramadol and topical creams, follow-up with internal medicine, psychological consultation, and a MRI of the bilateral shoulders and wrists. The requested treatments are acupuncture treatments. She is on partial disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Initial Acupuncture for the left knee 2 times per week for 4 weeks:** Upheld

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

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

**Decision rationale:** It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for eight visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. Therefore, the request is not medically necessary.