MAXIMUS Federal Services

| Case Number: | CM15-0006423 | | |
|---|---|---|---|
| Date Assigned: | 01/22/2015 | Date of Injury: | 01/05/2014 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/12/2015 |

## 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: Ohio
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 48 year old, female patient, who sustained an industrial injury on 01/05/2014. A primary treating office visit dated 10/08/2014 reported subjective complaint of severe headaches and vision disturbances; burning bilateral shoulders that radiated down arms to fingers; burning bilateral elbow pain; burning bilateral wrist pain;burning bilateral ankles, and burning radicular back pain. In addition she complained of experiencing stress, anxiety, insomnia and depression brought on by her chronic pains. Objective findings showed cervical spine with tenderness to palpation at the suboccipital region and over bilateral trapezius muscles. Both cervical distraction and compression were found positive bilaterally. Bilateral shoulders found tenderness at the deltoid-pectoral groove and at the insertion of the supraspinatus muscle. Bilateral elbows found with the following range of motion; flexion right at 115 degrees, left at 120 degrees; extension right and left both with 0 degrees; pronation right at 70 degrees and left at 65 degrees; supination right at 55 degrees and left at 70 degrees. Bilateral wrists found with tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. Finkelstein's noted with positive findings bilaterally. The following diagnoses are applied; visual disturbance; headaches; cervalgia; cervical disc displacement; rule out radiculopathy cervical; bilateral shoulder pain; rule out injury of muscle, tendon of bilateral rotator cuff; bilateral elbow pain rule out derangement; bilateral wrist pain rule out derangement; low back pain; intervertebral disc displcaement lumbar; rule out radiculopathy lumbar; pain in bilateral knee rule out derangement; pain in right ankle and joints of right foot; mood disorders; anxiety disorder; stress and sleep disorder. A retospective request was made for 8 acupuncture sessions treating the bilateral

wrists, bilateral elbows, bilateral shoulders, right knee,lumbar spine and cervical spine. On 01/05/2015 utilization Review non-certified the request, noting the CA MTUS Acupuncture, Physical Manipulation were cited. The injured worker submitted an application for independent medical review of services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 8 acupuncture sessions 2 times a week for 4 weeks for the bilateral wrists, bilateral elbows, bilateral shoulders, right knee, lumbar spine, and cervical spine:** Upheld

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

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

**Decision rationale:** Acupuncture medical treatment guidelines state that acupuncture is used as an option with pain medications reduced are not tolerated, maybe uses an adjunct physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend 3 to 6 treatments 1 to 3 times per week to produce functional improvement. The injured worker has received an undetermined number of acupuncture visits. The results of these visits is not documented. There is no evidence of objective functional improvement from the previous acupuncture visits. Due to the lack of objective functional improvement and the request exceeding guideline recommendations of an initial trial of six visits, the treatment request is not medically necessary.