

<b>Case Number:</b>	CM15-0132865		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: 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 33-year-old female, who sustained an industrial injury on 5/21/14. Initial complaints were fractured left clavicle and left femur as a result of being hit by a car in the parking lot at work. The injured worker was diagnosed as having lumbar back pain with radiculopathy; acquired leg length difference; left knee sprain; left shoulder sprain; closed fracture left femoral shaft; PTSD. Treatment to date has included physical therapy; knee brace; medications. Diagnostics studies included MRI left knee (7/3/14); X-rays lumbar spine (4/6/15). Currently, the PR-2 notes dated 6/12/15 indicated the injured worker continues to see a psychologist for her post traumatic stress disorder. She has had physical therapy and reports she feels more confident with ambulating but continues to have lumbar pain and concern regarding the leg length discrepancy. Objective findings are documented by the provider noting ambulation is slightly guarded. Examination of her shoulders notes a well-healed scar on the anterior left shoulder with tenderness reported over the anterior shoulder especially over the lateral clavicle- AC joint. Her range of motion appears normal with adduction and abduction with a slight increase in symptoms. She has mildly positive response to anterior apprehension test and impingement test. Knee examination notes apparent muscle atrophy of the left quadriceps with mild joint line tenderness and slight tender to palpation throughout the knee mostly at night. There is no apparent crepitation noted bilaterally. Range of motion is 150/150 flexion and -2/0 degrees extension. She is unable to squat or place weight on her left patella. Her gait was observed as not antalgic. Apley's, McMurray's, Lachman's and anterior drawer/posterior drawer tests were all negative. Lumbar spine s-rays dated 4/6/15 were discussed reporting no acute fracture, vertebral heights maintained, minor osteophytes at L2-L3 and L3-L4. There is no significant disc space narrowing; facet arthropathy in the lower lumbar spine; pedicles are intact and sacroiliac joints are unremarkable. The impression is reported as mild spondylosis. The provider is requesting authorization of acupuncture for the low back and left knee/leg and left

shoulder 6 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 sessions of acupuncture for the low back, left knee/leg and left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. Further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.