

<b>Case Number:</b>	CM15-0168667		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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 65 year old female, who sustained an industrial injury on January 18, 2013 and reported neck, right shoulder, right arm, right wrist, right hand and right knee pain. The injured worker is diagnosed as having right shoulder sprain-strain, right knee internal derangement and right knee sprain-strain. Currently, the injured worker complains of frequent, severe right shoulder pain that is described as throbbing, burning, stiffness and weakness and is rated at 8 on 10. The pain is associated with prolonged grabbing, grasping, gripping, squeezing, pushing, repetitive pulling and overhead reaching. She reports medication and massage relieve the pain. She also reports moderate, sharp right knee pain described as throbbing and stiffness and is rated at 6 on 10. The pain is associated with prolonged driving, climbing stairs, bending, kneeling and twisting. It is relieved by medication and massage. Examinations dated January 14, 2015 to July 7, 2015 reveals decreased and painful range of motion at the right knee with moderate tenderness on the anterior knee and medial and lateral joint lines. The right shoulder has decreased range of motion and is painful. A note dated February 4, 2015 states the injured worker experiences difficulty with driving, sleeping, negotiating stairs and self-care. The note also states the injured worker has had x-rays, MRI, right knee cortisone injection (not beneficial), aqua therapy (beneficial), chiropractic care, physical therapy (some benefit received) and acupuncture (beneficial). She has had surgical intervention; right knee arthroscopy in 2013 and right shoulder in 2014, which provided some benefit. She has had toxicology screens and engaged in home exercise program. She also had a sudoscan on May 7, 2015 that revealed "normal symmetry for both hands and feet and intermediate conductance for the feet and low

conductance for the hands, which is indicative of peripheral autonomic neuropathy". She has currently completed at least twenty four physical therapy treatments and fifteen acupuncture sessions. A request for six acupuncture treatments for the right shoulder and right knee was non-certified, per utilization letter dated July 28, 2015.

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

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

**Six (6) acupuncture therapy sessions for the right shoulder and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that 15 prior acupuncture sessions were rendered and no documentation of any sustained, significant, objective functional improvement (quantifiable response to treatment) directly attributable to previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.