

<b>Case Number:</b>	CM15-0189634		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/15/2006
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This 57 year old man sustained an industrial injury on 4-15-2006. Evaluations include a cervical spine MRI dated 8-15-2015 and left shoulder MRI dated 8-16-2015. Diagnoses include cervical disc disorder, internal derangement of the knee, knee bursitis, and shoulder tendinitis. Treatment has included oral medications. Physician notes dated 8-21-2015 show complaints of left shoulder pain, cervical spine pain with radiation to the left upper extremity, lumbar spine pain with radiation to the bilateral lower extremities, anxiety, stress, and insomnia. The worker rates his pain 5.5 out of 10 and states his pain runs between 8 out of 10 and 4 out of 10 on average. The physical examination shows tenderness to palpation at the cervical spine, upper thoracic spine, right knee, and left shoulder and arm. Cervical spine range of motion is noted to be flexion 35 out of 50 degrees, extension 35 out of 50 degrees, left lateral flexion 40 out of 45 degrees, right lateral flexion 45 out of 45 degrees, left rotation 70 out of 80 degrees, and right rotation 65 out of 80 degrees. Spurling's test was positive on the right. Left shoulder range of motion shows flexion 100 out of 180 degrees, extension 35 out of 50 degrees, abduction 100 out of 180 degrees, adduction 45 out of 50 degrees, left internal rotation 80 out of 90 degrees, left external rotation 75 out of 90 degrees, positive impingement sign. Recommendations include orthopedic consultation, nerve conduction study of the bilateral upper extremities, continue acupuncture, Lidall patches, Prilosec, Tramadol, and follow up in 45 days. Utilization Review denied a request for acupuncture on 9-3-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks, cervical spine, left shoulder, 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 utilization review document of September 3, 2015 denied the treatment request for six acupuncture visits to the patient's cervical spine, left shoulder and right knee citing CA MTUS acupuncture treatment guidelines. The reviewed medical records failed to address the patient's past medical history of acupuncture management or any documentation that applied care led to any functional improvement, which is the prerequisite for consideration of additional acupuncture management for chronic cervical spine, shoulder or knee injuries. The reviewed medical records failed to identify the number of prior acupuncture visits completed or evidence of functional improvement or satisfy the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.