

<b>Case Number:</b>	CM15-0192008		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Montana

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 55 year old female sustained an industrial injury on 4-23-09. Documentation indicated that the injured worker was receiving treatment for osteoarthritis with enthesopathy of the hip. Previous treatment included transcutaneous electrical nerve stimulator unit, knee brace and medications. In a progress note dated 3-18-15, the injured worker reported recurrent flare-ups of left hip pain. The injured worker stated that she was able to walk for about 5 minutes before pain provocation. Physical exam was remarkable for left hip internal rotation at -15 degrees with pain from full range, left subtrochanteric, left sacroiliac joint and left groin tenderness to palpation, "weakly" positive left Patrick test and sacroiliac joint stress test and positive left femoracetabular stress testing. The injured worker had been recommended for left hip arthroscopic surgery. The treatment plan included continuing transcutaneous electrical nerve stimulator unit, and continuing medications (Zanaflex, Rozerem and Celebrex). Authorization remained pending for six sessions of acupuncture. In a progress note dated 6-19-15, the injured worker reported no change with her left hip pain. The injured worker complained of increasing left knee pain from antalgic gait and compensatory right knee brace. Physical exam was unchanged. The treatment plan included left knee x-rays, continuing transcutaneous electrical nerve stimulator unit and medications (Zanaflex, Rozerem and Celebrex). Authorization remained pending for six sessions of acupuncture. In the most recent progress note submitted for review, dated 7-15-15, the injured worker complained of slightly increased low back and buttock pain, increasing left knee pain and left ankle pain. The injured worker reported no change to left hip pain. Physical exam was remarkable for was unchanged. The treatment plan included discontinuing Celebrex, continuing

Zanaflex, Rozerem and Naproxen Sodium, initiating Pennsaid, continuing transcutaneous electrical nerve stimulator unit and a prescription for a left knee brace. Authorization remained pending for acupuncture x six sessions. On 9-14-15, Utilization Review noncertified a request for six sessions of acupuncture.

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

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

**Acupuncture x 6 sessions:** Upheld

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

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

**Decision rationale:** Per Utilization review patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.