

<b>Case Number:</b>	CM15-0194483		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

The injured worker is a 53 year old female who sustained an industrial injury on 4-30-14. Diagnostic impressions noted are fracture- right patella, lumbar disc displacement without myelopathy, cruciate ligament sprain- knees, radiohumeral sprain-strain -right elbow, carpal sprain-strain -right wrist, and bilateral hip sprain-strain. In a progress report dated 7-20-15, the physician notes complaints of lumbar spine, hips, legs, knees, right elbow, and right hand-right fingers pain. Objective findings reported are 2 + spasm and tenderness to bilateral upper shoulder muscles and bilateral paraspinal muscles C2-C7, positive shoulder depression test bilaterally, 3+ spasm and tenderness to the right anterior wrist and posterior extensor tendons, bracelet positive- right, and Froment's positive -right. Jamar readings are noted as: left wrist 20, 20, 20 and right wrist 20, 20, 20. Exam of the knees is reported to reveal 3+ spasm and tenderness, and positive: anterior-posterior drawer test, posterior-anterior drawer test, McMurray's test. Work status is total temporary disability until 9-20-15. Functional improvement since the last exam is noted as medication decreased (Naproxen from 3-4 per day to twice a day) and pain decreased from 9 out of 10 to 8 out of 10. Previous treatment includes medications, at least 6 sessions of acupuncture (with a report of significant functional improvement), and home exercise. The requested treatment of acupuncture 3x2; cervical, right wrist, and bilateral knees was non-certified on 9-8- 15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x a week for 2 weeks of the cervical, right wrist and bilateral knees:**  
Overturned

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Per medical notes dated 08/24/15, patient is able to drive for 20 minutes when she could not drive at all, she decreased Naproxen intake from twice/day to once with Acupuncture. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved 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 medically necessary.