

<b>Case Number:</b>	CM15-0204751		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/01/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 male who sustained an industrial injury on July 1, 2015. Medical records indicated that the injured worker was treated for upper and lower extremity pain. His medical diagnoses include bilateral upper extremity radiculopathy, chronic myofascial syndrome, tricompartmental arthritis and bilateral carpal tunnel syndrome. In the provider notes dated from September 3, 2015 the injured worker complained of achy, constant pain in both forearms and numbness and tingling in the palms and fingers. He rates his pain as 9 out of 10 on a pain scale of 0 to 10. He complains of shooting pain down both legs and pain in both knees. He rates the pain as 9 out of 10 on a scale of 0 out of 10. He states that the pain is worsened by prolonged standing and using stairs. On exam, the documentation stated that cranial nerves are intact and elicit normal responses. There are spasms of both upper arms with loss of sensation in both palms and forefingers. There is crepitus with active bilateral knee range of motion and decreased flexion of the right knee. The documentation states "X rays of both knees reveal degenerative tricompartmental changes bilaterally; significantly more so on the right." The treatment plan is to obtain magnetic resonance imaging (MRI) studies, electromyography (EMG) and nerve conduction studies (NCS) to identify the source of the bilateral upper extremity radicular symptoms and acupuncture. Previous treatments were not included in the documentation. A Request for Authorization was submitted for EMG, NCS and acupuncture. The Utilization Review dated September 29, 2015 non certified the requests for EMG, NCS and acupuncture.

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

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

**Acupuncture x 10 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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

**Decision rationale:** There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request of excessive quantity of 10 visits beyond guideline criteria for trial with assessment of functional benefit of care prior to continuation of treatment nor is there any specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture x 10 visits is not medically necessary or appropriate.