

<b>Case Number:</b>	CM15-0060683		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 (IW) is a 58 year old male who sustained an industrial injury on 03/23/2007. He reported pain in the bilateral knees, shoulders, neck, back, feet, and left hip. The injured worker was diagnosed as having cervical sprain/strain with left radiculitis, bilateral shoulder sprain/strain with bilateral wrist sprain/strain, mild left in borderline right carpal tunnel syndrome, right knee sprain/strain with right knee tricompartmental osteoarthritis grade III, grade IV and left knee DJD rule out internal derangement, hypertension and increased kidney labs treating with pain management. The treatment plan was for physical therapy two times a week for three weeks, acupuncture once a week for six weeks and a MRI of the bilateral knees. Cyclobenzaprine was refilled. Treatment to date has included acupuncture and physical therapy, hyaluronic acid injections, cortisone injections with mild relief. Currently, the injured worker complains of pain in the cervical and lumbar spine with mild relief following physical therapy and acupuncture. Acupuncture 1x6 total of 6 sessions to the cervical, lumbar spine, both shoulders and both wrist is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1x6 total of 6 sessions to the cervical, lumbar spine, both shoulders and both wrist: Upheld**

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments and also states 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 12 prior acupuncture sessions were rendered in the past, no significant, objective functional improvement attributable to previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Consequently, additional acupuncture is not medically necessary.