

<b>Case Number:</b>	CM14-0136193		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old female who reported right shoulder, right wrist, right hip and bilateral knee pain from injury sustained on 01/23/13 due to a trip and fall. Electrodiagnostic imaging revealed bilateral carpal tunnel syndrome. Patient is diagnosed with bilateral tear of medial meniscus; bilateral lateral collateral ligament sprain; partial tear of rotator cuff tendon of right shoulder; tendinitis/ bursitis of right hand/wrist; rule out carpal tunnel syndrome and tendinitis/ bursitis of right hip. Patient has been treated with medication, right knee arthroscopy, physical therapy and acupuncture. Per medical notes dated 06/04/14, patient complains of right hip, right shoulder, right wrist/hand, bilateral knee pain. Examination revealed tenderness to palpation of right rotator cuff muscles and right upper shoulder; right gluteus medius; right tensor fasciae muscle and bilateral anterior joint line of knees. Per medication notes dated 07/09/14, patient complains of right hip, right shoulder, right hand/wrist and bilateral knee pain. Examination revealed tenderness to palpation of right rotator cuff muscles and right upper shoulder; right gluteus medius; right tensor fasciae muscle and bilateral anterior joint line of knees. Reported functional improvement includes increased range of motion of right knee flexion from 91 to 100 degrees and right shoulder external rotation from 80 to 90 degrees and internal rotation from 60 to 80 degrees. Provider is requesting additional 6 acupuncture treatments. Per medical notes dated 08/20/14, patient has completed 16 acupuncture visits and has increased pain since stopping acupuncture. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture visits for the right shoulder, right wrist, right hip and the bilateral knees:**  
Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 08/20/14, patient has completed 16 acupuncture treatments. Provider is requesting additional 6 acupuncture visits. Per medical notes dated 07/09/14, with acupuncture treatment patient had increased range of motion of the knee and shoulder. Medical records dated 06/04/14 reported increase in ADLs; however, medical records dated 07/09/14 did not document any objective improvements in activities of daily living or reduction in work restriction. Furthermore, subjective complaints in the medical records remained the same. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Per review of evidence and guidelines, additional 6 acupuncture treatments for right shoulder, right wrist, right hip and bilateral knees are not medically necessary.