

<b>Case Number:</b>	CM14-0140610		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Board Certified in Chiropractic and 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 56 year old female who reported low back, neck, upper extremity and lower extremity pain from injury sustained on 08/02/12. Patient was walking when the tip of her shoes caught on a raise on the stage and she fell, landing on her right knee and bilateral hands. MRI of the left shoulder dated 01/03/13 revealed partial undersurface tear of anterosuperior glenoid labrum; supraspinatus and infraspinatus tendinitis; glenohumeral joint effusion; posterior displacement of humeral head. MRI of the cervical spine dated 01/03/13 revealed multilevel disc protrusion. MRI of the right wrist dated 02/15/13 revealed subchondral cyst formation and bone island distal aspect of the radius. MRI of the left wrist dated 02/15/13 revealed bone island within capitates. MRI of the lumbar spine revealed multilevel disc protrusion. Patient is diagnosed with lumbar disc displacement, sacroilitis, cervical pain, thoracic strain, left shoulder impingement and bilateral wrist tenosynovitis. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per medical notes dated 05/13/14, patient complains of low back pain rated 5/10, mid back and upper back pain rated 6/10. She complains of left shoulder pain rated at 4/10, bilateral wrist pain, right knee pain, right ankle and insomnia. Shoulder pain occurs with moderate physical activity and radiates to the left arm. Per utilization review, patient has had prior acupuncture. Primary treating physician is requesting additional 6 acupuncture sessions. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Electro-acupuncture sessions.:** 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. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.