

<b>Case Number:</b>	CM15-0016109		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 is a 46 year old female, who sustained an industrial injury on 6/18/14. She has reported neck, lower back, left shoulder, left upper arm and knees. The diagnoses have included right knee meniscal tear with bilateral knee degenerative joint disease, bilateral shoulder I.S., cervical spine sprain/strain and left lateral epicondylitis. Treatment to date has included physical therapy and oral medications. (MRI) magnetic resonance imaging of lumbar spine was performed on 8/2/14 and noted disc desiccation at L2-3 through L5-S1, modic type II end plate degenerative changes at L4, L4-5 broad based posterior disc herniation indenting the thecal sac and broad based posterior disc herniation abutting the thecal sac with concurrent hypertrophy of facet joints. (MRI) magnetic resonance imaging of knees and cervical spine were also performed. Currently, the injured worker complains of right knee pain, left knee pain and bilateral shoulder pain. Physical exam dated 12/4/14 revealed effusion of right knee with tenderness over medial joint compartment, left shoulder tenderness of Left AC joint with decreased of motion and tenderness of lumbar spine with spasm on palpation. On 1/6/15 Utilization Review non-certified acupuncture 2-3 times a week for 6 weeks and re-evaluate in 6 weeks, noting guidelines state acupuncture is an option when medication is reduced or not tolerated and as an adjunct to physical therapy. The MTUS, ACOEM Guidelines, was cited. On 1/28/15, the injured worker submitted an application for IMR for review of acupuncture 2-3 times a week for 6 weeks and re-evaluate in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3, Re-Evaluate In 6 Weeks For The Lowback and Left Shoulder:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 12-18 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.