

<b>Case Number:</b>	CM15-0018004		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 is a 53-year-old female with an industrial injury dated October 16, 2014. The injured worker diagnoses include cervical sprain, right shoulder impingement, right carpal tunnel syndrome, lumbar sprain/strain, and internal derangement of knee not otherwise specified. She has been treated with radiographic imaging, diagnostic studies, prescribed medication, consultation, and periodic follow up visits. According to the progress note dated 12/18/2014, cervical spine exam revealed tenderness and spasm present in paraspinal muscle with reduced sensory and restricted range of motion. Shoulder exam revealed tenderness to palpitation in right anterior shoulder with positive impingement and restricted range of motion on the right. Lumbar exam revealed tenderness to palpitation, spasm in the paraspinal muscles and restricted range of motion. Sensory was reduced in the right foot. The treating physician prescribed services for acupuncture 3x4 cervical, lumbar spine, right shoulder, arm, hand, wrist, left knee now under review. Utilization Review determination on December 31, 2014 modified the request to 6 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 cervical, lumbar spine, right shoulder, arm, hand, wrist, left knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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 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.