

<b>Case Number:</b>	CM15-0111312		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	09/28/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old female, with a reported date of injury of 09/28/2014. The diagnoses include right shoulder tendinitis, rule out tear; left medial knee pain, rule out tear; upper back pain, rule out disc injury; right shoulder ligamentous sprain, and left knee ligamentous sprain. Treatments to date have included an MRI of the right shoulder on 02/06/2015 which showed no tear of the rotator cuff, and very mild separation at the right acromioclavicular joint with capsular swelling and bone marrow swelling within the distal right clavicle; an MRI of the thoracic spine on 11/10/2014 which showed degenerative endplate marrow change, degenerative discogenic spondylosis, desiccated intervertebral discs, and focal central disc protrusion deforms; an MRI of the right shoulder on 12/17/2014 with normal findings; and oral medications. The progress report dated 05/13/2015 indicates that the injured worker complained of upper back pain, mid back pain, right shoulder pain, with radiation to the right upper trapezius muscle, and left knee pain. It was noted that there was no improvement in the pain. The injured worker's activities of daily living were affected; however, therapy was helping. The objective findings include tenderness to palpation of the thoracic spine with spasm, decreased thoracic spine range of motion, tenderness to palpation of the right shoulder with spasm, decreased right shoulder range of motion, tenderness to palpation of the left knee with spasm, decreased left knee range of motion, and positive McMurray's. The treating physician requested acupuncture for the right shoulder and left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times six for the right shoulder and left knee: Upheld**

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

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

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for neck and upper back pain and right shoulder and left knee pain. When seen, there had been no improvement. There was tenderness and muscle spasms with decreased range of motion. McMurray and Codman tests were positive. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and no adjunctive treatment is being planned. The requested acupuncture treatments were not medically necessary.