

<b>Case Number:</b>	CM15-0118229		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Chiropractor, 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 55-year-old female, who sustained an industrial injury on 11/28/2012. Diagnoses include status post arthroscopy of the right shoulder with subacromial decompression and re-tear of the rotator cuff, chondromalacia/degenerative joint disease of the right knee and chronic lumbar spine sprain/strain superimposed on degenerative joint disease and disc disease. Treatment to date has included surgical intervention (subacromial decompression and partial acromioplasty 8/26/2013), diagnostics including electro diagnostic testing and magnetic resonance imaging (MRI), acupuncture, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 5/11/2015, the injured worker reported right shoulder, right upper extremity and right knee pain. Physical examination of the right shoulder revealed healed arthroscopic portals. Diffuse tenderness and tenderness at the acromioclavicular was noted. There was no atrophy and limited motion. Right knee examination revealed tenderness at the medial joint line and crepitus at the patellofemoral joint. There was a positive McMurray's test. The lumbar spine exam revealed no gross focal deficits. Flexion was 45 degrees, extension 20 degrees, and lateral bending 15 degrees bilaterally. The plan of care included Synvisc injections to the right knee, surgical intervention of the right shoulder, physical therapy and acupuncture (1x6) and medications. Authorization was requested for additional acupuncture (1x6) for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment for the lumbar spine 1 time a week for 6 weeks: Upheld**

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, the patient has had acupuncture in the past. The provider stated that therapy and acupuncture helped somewhat but the patient is not 100%. There was no documentation of functional improvement from prior acupuncture sessions. Therefore, additional acupuncture sessions are not warranted at this time. The provider's request for 6 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.