

<b>Case Number:</b>	CM15-0170092		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: 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 54 year old female who sustained an industrial injury on 06-03-2009. Diagnoses include head pain, cervical musculoligamentous strain-sprain with radiculitis, cervical spine discogenic disease per Magnetic Resonance Imaging dated 08-26-2014, thoracic musculoligamentous strain-sprain, lumbosacral musculoligamentous strain-sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral shoulder strain-sprain, rule out bilateral shoulder impingement syndrome, bilateral elbow strain-sprain, rule out right elbow cubital tunnel syndrome, status post right elbow medial release surgery with residual pain, bilateral wrist strain-sprain, rule out bilateral wrist carpal tunnel syndrome, status post right middle finger release and right carpal tunnel release, bilateral knee strain-sprain, rule out bilateral internal derangement, bilateral ankle strain-sprain, history of toxic exposure, sleep disturbance secondary to pain, and situational depression. A physician progress note dated 05-11-2015 documents the injured worker complained of headaches, neck pain, mid-upper back pain, lower back, bilateral shoulders, bilateral elbows, bilateral knee and bilateral ankles. She also complains of numbness in her bilateral wrists and depression. Her overall pain is rated 7-8 out of 10, which has increased from her last visit. There is tenderness to palpation over the paraspinal muscles with spasm in the cervical spine, thoracic spine and lumbar spine. She has tenderness with palpation to her bilateral shoulders with restricted range of motion on the right. Her bilateral elbows, wrists, knees and ankles are all tender to palpation. Treatment to date has included diagnostic studies, medications, and 21 sessions of chiropractic sessions, 29 sessions of physical therapy, injections, acupuncture, and psychology visits. The treatment plan included

prescriptions for Omeprazole, Elavil, topical medications, a referral for extracorporeal shockwave therapy of the bilateral wrists, a follow-up with an internist regarding reactive airway disease and urine toxicology was done. On 07-31-2015 the Utilization Review non certified the requested treatment Retrospective: Acupuncture of the Right Knee, two (2) times a week for six (6) weeks for a total of twelve (12) treatment sessions (DOS: 05/11/2015-06/20/2015). The typical recommendations are initial 3-6 total treatments with frequency of 1-3 times a week, followed by a reevaluation to determine the benefit and further necessity. The 12-visit request without showing functional improvement exceeds the current recommendations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Acupuncture of the Right Knee, two (2) times a week for six (6) weeks for a total of twelve (12) treatment sessions (DOS: 05/11/2015-06/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The July 31, 2015 utilization review document denied the treatment request for 12 retrospective applications of acupuncture to the patient's right knee provided two times per week for six weeks citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect that a treatment plan initiated on 5/11/15 for 12 acupuncture visits directed to the patient's spine, bilateral shoulders and bilateral elbows. The medical necessity for initiation of 12 acupuncture visits to the patient's right knee was not established by the reviewed medical records or compliant with the referenced CA MTUS acupuncture treatment guidelines that recommend an initial course of treatment at three - six treatments. The medical necessity to exceed this recommendation is not provided in the reviewed medical records. The request is not medically necessary.