

<b>Case Number:</b>	CM15-0020716		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 sustained an industrial injury on March 25, 2011. They reported pain in the lumbosacral region and right shoulder. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified, rotator cuff (capsule) sprain and sprain of ligaments of lumbar spine. Treatment to date has included acupuncture therapy. Currently, the IW complains of lumbar pain spine pain and pain in the right shoulder. The injured worker reported an industrial injury in 2011, resulting in lumbar spine and right shoulder pain. It was noted the injured worker attended acupuncture therapy with a noted decrease in lumbar spine and right shoulder pain. On January 26, 2015, Utilization Review non-certified a request for additional acupuncture 2 times weekly for 3 weeks for the lumbar spine and right shoulder, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of requested additional acupuncture 2 times weekly for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture, 2 times weekly for 3 weeks, lumbar spine and right shoulder:**

Overtured

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

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

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for right shoulder and lumbar spine pain. Recent acupuncture treatment is described as decreasing both lumbar spine and right shoulder pain. In this case, the number of requested additional acupuncture treatment sessions is within guidelines recommendations and therefore medically necessary

**Purchase of specialty unloader brace, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Unloader braces for the knee.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for right shoulder and lumbar spine pain. Recent acupuncture treatment is described as decreasing both lumbar spine and right shoulder pain. An unloader brace for the knee is designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. It is recommended as a treatment option. In this case, there is no documentation of medial compartment degenerative joint disease and therefore the requested brace is not medically necessary.