

<b>Case Number:</b>	CM15-0061137		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 65 year old female, who sustained an industrial injury on 9/05/2013. Diagnoses include right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, right shoulder tenosynovitis, right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, right knee medial meniscus tear, right knee pain, right knee sprain/strain, rule out right knee internal derangement, left knee lateral meniscus tear, left knee pain, left knee sprain/strain, anxiety, depression, irritability and nervousness. Treatment to date has included diagnostics, medications and activity modification. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported right shoulder, right wrist, left wrist, right knee and left knee pain. Physical examination of the right shoulder revealed decreased, painful, ranges of motion and tenderness to palpation. Bilateral wrist ranges of motion were decreased and painful. There was a positive Phalen's test. Right and left knee ranges of motion were within normal limits and painful. There was tenderness to both knees and McMurray's test was positive bilaterally. The plan of care included physical therapy, acupuncture, internal medicine consultation, orthopedic surgical consultation and extracorporeal shockwave therapy. Authorization was requested for acupuncture (2x4) for the right shoulder, bilateral wrists and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 weeks for the bilateral knees:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.