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**Notice of Independent Medical Review Determination**

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/3/2013  
Date of Injury: 3/11/2013  
IMR Application Received: 7/10/2013  
MAXIMUS Case Number: CM13-0001150

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) acupuncture sessions for the cervical spine, left shoulder, left elbow and lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) acupuncture sessions for the cervical spine, left shoulder, left elbow and lumbar spine **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Chiropractic Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Chiropractor, has a subspecialty in Acupuncture and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

“Nurse Clinical summary: DOI: 3/11/2013. This is a case of 54 year old male cell team member who sustained injuries on the knees, left shoulder, and left elbow as a result of a fall when his legs ran into a cart in the aisle while carrying the box. Based on medical report dated on 04/30/13, the patient reported that he has been using medications. However, he continues to have pain and discomfort of the left shoulder, left elbow, and his right and left knees. On examination of the left shoulder, there is mild swelling noted. There is evidence of mild tenderness over the coracoid ligament area. There is tenderness over the trapezius muscle area. The range of motion of the left shoulder with flexion is 180 degrees, with extension is 20 degrees, with internal rotation is 80 degrees, with external rotation is 20 degrees, with abduction is 145 degrees, and with adduction is 20 degrees. On examination of the left elbow, there is mild swelling noted. There is evidence of tenderness over the lateral humeral epicondyle area. The range of motion of the left elbow with flexion is 145 degrees, with supination is 90 degrees, and with pronation is 85 degrees. The motor strength examination of the left shoulder shows that shoulder abductors, adductors, flexors, extensors, internal rotators, and external rotators are at 4/5. On examination of the bilateral knees, there is mild swelling noted. Range of motion of bilateral knees with flexion is 125 degrees. There is evidence of mild diffuse medial joint line tenderness. The gross stability of the knee is satisfactory at full extension. The flexion to varus and valgus stress testing is at 30 degrees. The patient's current impressions are left shoulder subacromial bursitis, impingement syndrome, left elbow lateral humeral epicondylitis, as well as right and left knee sprain/strain. Treatment plan includes physical therapy focusing primarily on the left shoulder and left elbow, and to a lesser extent to the right and left knees. He was prescribed with Norco for pain and Ibuprofen for inflammation. The most recent progress report has been

requested from the facility; however, no documents received upon submission of request to the physician reviewer. As per OMNI payment screen, the patient has completed 12 physical therapy visits from 03/22/2013 through 11/2/2013. As per verification from PT facility, the patient has completed 2 acupuncture sessions on 06/18/2013 and 06/20/2013. The current request is for 12 Acupuncture Sessions for the Cervical Spine, Left Shoulder, Left Elbow, and Lumbar Spine between 6/18/2013 and 8/11/2013. Date of injury: 03/11/2013 Diagnoses: 847.0.”

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/10/13)
- Utilization Review Determination (dated 7/3/13)
- Acupuncture Medical Treatment Guidelines (2009)
- Medical Records from [REDACTED] (dated 3/11/13 – 6/16/13)

**1) Regarding the request for twelve (12) acupuncture sessions for the cervical spine, left shoulder, left elbow and lumbar spine :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

On 3/11/13 the employee sustained a work-related injury to the knees, left shoulder and left elbow. The medical records submitted and reviewed indicate treatment has included; twelve (12) physical therapy visits, two (2) acupuncture sessions, and analgesics. A medical report dated 4/30/13 indicates the employee continues to experience pain and discomfort of the left shoulder, left elbow, and right and left knees. A request was submitted for twelve (12) acupuncture sessions for the cervical spine, left shoulder, left elbow and lumbar spine.

MTUS Acupuncture guidelines recommend an initial trial of 3-6 sessions of acupuncture to produce functional improvement. The medical records reviewed indicate the employee has undergone two (2) sessions of acupuncture with no documented progress. The request for twelve (12) sessions exceeds guideline recommendations. The request for twelve (12) acupuncture sessions for the cervical spine, left shoulder, left elbow and lumbar spine **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.