

<b>Case Number:</b>	CM14-0106014		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. The expert reviewer is Board Certified in Chiropractic and 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62 year old male who reported neck, mid back, low back, shoulder, knee, elbow, and wrist and ankle pain from injury sustained on 05/01/14. Mechanism of injury not documented in the provided medical records. MRI of the left wrist revealed extensive changes surrounding the triangular fibrocartilage with narrowing of the joint; multiple subchondral cyst; triangular fibrocartilage complex tear and positive ulnar variant. MRI of the right knee revealed thinning and irregular appearance of anterior cruciate ligament and mild effusion in patellofemoral and suprapatellar bursa. MRI of the right shoulder revealed moderate proliferate changes in acromioclavicular joint with impingement of supraspinatus muscle with tendinosis changes and 3.8mm subchondral cystic structure. Patient is diagnosed with cervical sprain/strain; myofascial pain syndrome; thoracic and lumbar sprain/strain; bilateral shoulder sprain/strain with impingement, bursitis and tendinitis; bilateral knee patellofemoral arthralgia; bilateral elbow tendinitis; possible cubital tunnel syndrome; bilateral wrist tendinitis with possible carpal tunnel syndrome; chronic bilateral ankle sprain and plantar fasciitis. No other medical records were available for review. Per utilization review, the patient currently presents with improved left shoulder motion. Pain is rated at 7/10. Examination revealed bilateral shoulder tenderness and decreased range of motion of the lumbar spine. Provider is recommending initial trail of 6 acupuncture treatment with infrared lamp and Kinesio tape. It is unclear on which body part the acupuncture will be administered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 initial acupuncture treatments with Infra lamp/Kinesio tape: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (neck and upper back), (acupuncture).

**Decision rationale:** Per MTUS Acupuncture Medical treatment Guidelines acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 1) 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. Provider is requesting initial trial of acupuncture with infrared lamp and Kinesio tape. Medical records do not document which body part would be treated with acupuncture. ODG guidelines for neck and upper back do not recommend acupuncture. California MTUS Chronic Pain treatment guidelines do not address infrared therapy, other national guidelines such as ODG do not recommend infrared. Kinesio taping is not supported by MTUS guidelines. Per guidelines and review of evidence, initial trial of 6 Acupuncture visits with infrared lamp and Kinesio taping are not medically necessary.