

<b>Case Number:</b>	CM13-0003256		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 59 year old female who reported neck pain, right sided wrist and elbow pain from injury sustained on 2/24/12. Patient was doing her regular and customary duties when started experiencing pain. X-rays of the cervical spine and Lumbar spine dated 4/17/12 showed multilevel minimal degenerative changes. Patient was diagnosed with Cubital tunnel syndrome, carpal tunnel syndrome, cervical spine displacement. Patient was treated with traction, Chiropractic, medication and Acupuncture. Patient was seen a total of 12 Acupuncture visits. Patient was discharged on 7/16/12, patient returned to work with restrictions. Patient then returned 6 months later with flare-up. Patient was treated for an additional 6 visits and was then discharged. Patient had symptomatic relief with Acupuncture treatments however the documentation lacked functional improvement with care. "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, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for acupuncture for the right wrist, right elbow and cervical spine x 6 visits (dates of service 12/14/12/01/18/13): Upheld**

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and 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: 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". Per notes patient was discharged on 7/16/12, 5 months later the patient had a flare-up and was treated or 6 visits and was discharged on 1/18/13. Acupuncture progress notes state Improvement however there is no documentation on functional improvement with treatment. Per Acupuncture guidelines "Acupuncture treatments may be extended if functional improvement is documented". There is lack of objective functional benefits even though the patient reported symptomatic relief with treatment. Per guidelines and review of evidence, retrospective 6 acupuncture treatments were not medically necessary as there was lack of documentation on functional improvement.