

<b>Case Number:</b>	CM13-0006324		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 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:

Claimant is a 50 year old male who involved a work related injury on 2/16/2010. His diagnosis is bilateral carpal tunnel syndrome. He has had extensive acupuncture. The claimant believes that acupuncture helps him a great deal and feels that every 2-3 weeks for acupuncture keeps symptoms at a very good level. On 5/23/2012, 3 visits of acupuncture have helped him not drop any times, increase efficiency at work, and lessen numbness while riding his bicycle. On 7/11/2012, he is maintaining well and attempting to go longer in between treatments. On 8/17/2012, he is on a maintenance program of every other week, but no functional improvement is noted. On 9/28/2012, he is again documented to be on maintenance treatments of once every other week. On 11/9/2012 and 12/19/2012, he is again documented to have very little change. On 2/5/2013, he is getting acupuncture every 3-4 weeks but is not documented to have any improvement. On 6/26/2013, the claimant is experiencing some intermittent flares of numbness and difficulty with fine coordination. Physical examination and work restrictions are still unchanged. 3 additional visits were authorized on 9/13/2013. These visits were granted to allow detailed objective documentation on maintained increase or decrease in pain with prior acupuncture. No documentation is provided on the completion of those three visits or on any functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) additional acupuncture sessions:** Upheld

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

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

**Decision rationale:** According to evidence based guidelines, further acupuncture visits are medically necessary after an initial trial only with documented functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. This patient has had in excess of 30 treatments over the last two years. Initially there was functional improvement documented. However, the most recent requests are for maintenance care. Unfortunately, guidelines do not support the use of acupuncture for maintenance care and there are no objective functional gains in the past year. If this is a request for a flare-up, 1-3 visits should take the claimant back to his baseline. With functional improvement, further visits can be granted. The last reviewer overturned the initial denial and granted 3 visits to demonstrate functional improvement. No documentation of completed visits or functional improvement is submitted. Therefore, 8 visits of acupuncture are not medically necessary.