

<b>Case Number:</b>	CM13-0013229		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 applicant has filed a claim for left neck and shoulder pain with numbness tingling in the left hand due to a repetitive injury occurring on 1/14/03. Following this incident, the applicant underwent possibly more than twelve (12) certified acupuncture treatments, physical therapy, left shoulder surgery, multiple diagnostic imaging, neurology consult including electro-diagnostic testing, pain management, and anti-inflammatory medication. However, August 5, 2013, the additional request for six (6) more acupuncture visits were denied and prior to this date, going as far back as 2010, the applicant already received at least twelve (12) acupuncture sessions, possibly more and unfortunately no documentation exists if this applicant has seen functional improvement since the treatment. Therefore, the claims administrator of this aforementioned report, was unable to approve outpatient acupuncture care based on these additional treatments because it exceeds recommended amount and optimal duration of one-to-two (1-2) months. Important to document that evidently, this application pertaining to the August 5, 2013 denial is possibly a duplicate request and should be verified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE, QTY 6:** Upheld

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

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

**Decision rationale:** The applicant had at least twelve (12), possibly more sessions of acupuncture prior to date. According to the Acupuncture Medical Treatment guidelines, acupuncture care for this applicant has already exceeded the approved course of acupuncture therapy and can be extended only if functional improvement is documented. Apparently, the claims administrator was unable to obtain additional objective documentation showing functional improvement to justify additional acupuncture treatment. Therefore, acupuncture therapy for additional six (6) visits is medically unnecessary.