

<b>Case Number:</b>	CM13-0014941		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Acupuncture 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 is an [REDACTED] female employee who has filed a claim for bilateral shoulder and wrist pain and dysfunction, due to the repetitive nature of her job. Her date of injury occurred on 12/6/2012. She first sought treatment by the treating provider on 12/19/12 through 7/17/13. Treatment has consisted of the following: physical therapy, acupuncture, anti-inflammatory medications, electro-diagnostic studies, steroid injection treatments, TENS treatments, hot wax treatments to her hands, over-the-counter pain medications, and ointments. As of 7/17/13, the treating provider requested authorization for carpal tunnel release surgery for her right wrist stating she has exhausted many modalities of therapy, treatments, and medications. Pending the surgery the treating provider has requested additional acupuncture treatments (1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT:** Upheld

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

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

**Decision rationale:** The applicant has had acupuncture care prior to June 28th, 2013, however, based on MTUS section 9792.24.1 stating acupuncture treatments can be extended if functional improvement is documented as defined in 9792.20 (e, f), it is evident acupuncture clinical notes indicating progress, results, or functional improvement with the applicant's condition have not been documented. Medical necessity for the requested additional acupuncture treatments has not been established. The requested treatments are not medically necessary.