

<b>Case Number:</b>	CM13-0020268		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	04/16/1993
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The 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 physician 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 64 year old female who sustained a work related injury on 4/16/1993. Per a note dated 10/29/2013, the claimant complains of shoulder and arm pain. She has tingling and numbness in both arms at night and to touch. She has improvement with topical ketoprofen cream. Prior treatment includes oral medications, TENS unit, topical medications, wrist splints, and acupuncture. She is currently working. The diagnosis is overuse of bilateral upper extremities and carpal tunnel syndrome. Per a note dated 8/15/2013, she had 19-20 acupuncture visits which provided her symptom relief for six months, and again an additional six visits which also provided symptom relief. She is stated to have a recurrence of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve acupuncture sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Acupuncture Medical Treatment guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in

activities of daily living or a reduction in work restrictions. The claimant has had at least 24 treatments. However the provider failed to document functional improvement associated with her acupuncture visits. Symptomatic relief is not sufficient for functional improvement. Therefore, 12 acupuncture sessions are not medically necessary and appropriate.