

<b>Case Number:</b>	CM13-0023411		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	12/08/2003
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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, has a subspecialty in Acupuncture, and is licensed to practice in Texas. 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 patient is a 55-year-old female who reported a work-related injury on 12/08/2003. The specific mechanism of injury is not stated. The patient presents for treatment of chronic elbow pain and carpal tunnel syndrome. The clinical note dated 08/22/2013 reports the patient was seen under the care of the requesting provider. The provider documents the patient denies any other symptoms besides pain. The provider reported the patient utilizes Voltaren, Ambien and Lyrica. Upon physical exam of the patient's bilateral upper extremities, 5/5 motor strength was noted throughout. The provider recommended 6 additional sessions of acupuncture therapy for the patient's bilateral upper extremities. The provider documents the patient is requesting 1 acupuncture session per month for the next 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the bilateral upper extremities (6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic); and ODG Acupuncture Guidelines.

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

**Decision rationale:** The clinical documentation submitted for review fails to evidence support for continued acupuncture treatment for this patient at this point in her treatment. California MTUS indicates acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and surgical interventions to hasten functional recovery. The clinical notes document the patient has attended 12 sessions of acupuncture treatment recently for her pain complaints; the most recent number of sessions was 6. While the clinical notes report a decrease in the patient's rate of pain, any objective functional improvements that would support 6 additional sessions were not evidenced in the clinical notes reviewed. Given the above, the request for 6 acupuncture sessions for bilateral upper extremities is neither medically necessary nor appropriate.