

<b>Case Number:</b>	CM13-0035720		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Chiropractic, has a subspecialty in 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:

The injured worker is a 70 year old male who reported bilateral shoulder and wrist pain from injury sustained on 02/08/02 due to a fall. Patient was diagnosed with chronic shoulder pain, post op with arthropathies of shoulder, joint disorder of the shoulder; carpal tunnel; syndrome in bilateral wrists. Patient has been treated with surgery of the shoulder; medication, physical therapy and acupuncture. Per notes dated 09/14/13, patient complains of bilateral shoulder and wrists pain with numbness of fingers especially the left thumb. Numbness in the left thumb continues but at a lesser extent. The patient reports pain intensity at 9/10 on 1/7/13 prior to starting acupuncture; on 09/4/13 he rated his pain at 6/10 with less frequent exacerbation of his pain in the shoulder. Per acupuncture progress notes, he has been averaging about 2 treatments per month which has improved his symptoms by 50%. The patient's letter stated that he is able perform some activities of daily living with continuation of acupuncture and he would like to decrease medication intake. The request is for 4 treatments in 2 months which seems reasonable per guidelines as he has functional improvement with prior care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X 2 TO BILATERAL SHOULDERS AND WRISTS FOR 2 MONTHS, OR 4 TREATMENTS IN 2 MONTHS:** Overturned

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per acupuncture progress notes, he has been averaging about 2 treatments per month which has improved his symptoms by 50%. The patient's letter stated that he is able perform some activities of daily living with continuation of acupuncture and he would like to decrease medication intake. The request is for 4 treatments in 2 months which seems reasonable per guidelines as he has functional improvement with prior care. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or reduction in medication intake. Per review of evidence and guidelines, 2x2 acupuncture treatments are medically necessary.