

<b>Case Number:</b>	CM13-0048680		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture Medicine 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 61 year old female who sustained a work related injury on 9/8/2010. Her diagnoses are sprain of thoracic, lumbar, neck, shoulder, and lumbosacral areas along with brachial neuritis, rotator cuff syndrome, tenosynovitis of the hand and carpal tunnel. She has neck pain radiating to both upper extremities with associated numbness and tingling sensation, upper and mid, as well as low back pain radiating to lower extremities, right side greater than left, with associated numbness and tingling sensation, bilateral shoulder pain, right side worse than left, bilateral forearm, and wrist and hand pain with associated numbness and tingling sensation. The claimant had a trial of acupuncture between September and October 2013. The acupuncture was stated to have "good benefits and beneficial." However it is stated that the examination of the cervical, thoracic and shoulder remain unchanged. The low back examination was also not improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for outpatient acupuncture treatments two (2) times a week for three (3) weeks:** Upheld

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

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

**Decision rationale:** According to evidenced based 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. However the provider failed to document functional improvement associated with her acupuncture visits. Stating that acupuncture is "beneficial" is not valid as functional improvement. Exam findings remain mostly unchanged. Therefore further acupuncture is not medically necessary.