

<b>Case Number:</b>	CM13-0065007		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Services 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 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 53 year old female who reported neck, upper/midback, right shoulder pain from injury sustained on 1/17/12 due to repetitive typing. MRI of the cervical spine revealed disc desiccation; multilevel disc bulge and reversal of cervical lordosis. MRI of thoracic spine revealed multilevel disc degeneration. MRI of the right shoulder revealed supraspinatus and infraspinatus tendinosis and possible labral tear. MRI of the right wrist revealed triangular fibrocartilage complex ligament and complete tear of extensor carpi ulnaris. NCS revealed right carpal tunnel syndrome; EMG showed C5 radiculopathy. Patient has been diagnosed with cervical radiculopathy; cervical sprain/strain; thoracic sprain/strain; right shoulder impingement syndrome right shoulder sprain/strain; bilateral carpal tunnel syndrome. Patient has been treated with medication, physical therapy and possibly acupuncture. Peer review dated 10/9/13 certified 6 acupuncture treatments; however the medical records provided did not document acupuncture care. Per notes dated 10/31/13, patient continues to have pain and stiffness; limited range of motion and +3 muscle tenderness. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Treating physician is requesting acupuncture 1x week for unspecified duration. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one time a week (unspecified duration) dated 11/11/13: Upheld**

**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, pages 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". Per peer review dated 10/9/13, patient was approved for 6 Acupuncture visits; however, there is no assessment in the documents provided of efficacy of acupuncture. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, acupuncture treatment 1 X week for unspecified duration is not medically necessary.