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| <b>Case Number:</b>   | CM13-0067898 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/24/2011 |
| <b>Decision Date:</b> | 04/07/2014   | <b>UR Denial Date:</b>       | 12/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/18/2013 |

### 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 Care 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:

The injured worker is a 49 year old female who reported shoulder, wrist, neck and low back pain from injury sustained on 6/24/11. Mechanism of injury is unknown. The patient was diagnosed with status post right carpal tunnel release, right trigger thumb, status post shoulder scope rotator cuff repair, left shoulder strain, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, right SI joint sprain and right elbow sprain. The patient has been treated with arthroscopic surgery of right shoulder with rotator cuff repair, carpal tunnel release surgery, extensive medication, chiropractic care and acupuncture. The patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. The patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. The primary care is requesting additional 6 acupuncture visits. Per notes dated 10/31/13, 3 acupuncture visits complete with partial relief if low back pain, right hand symptoms have increased. Per notes dated 11/13/13, patient has 20-30% improvement in low back pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture (qty: 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 6 acupuncture treatments are not medically necessary.