

<b>Case Number:</b>	CM13-0069037		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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, 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 52 year old female who reported neck, bilateral elbow, bilateral wrist and bilateral shoulder pain from injury sustained on 1/15/12 due to cumulative trauma. An EMG of the upper extremity was normal. The patient was diagnosed with chronic cervical strain; elbow tendinitis; shoulder tendinitis; carpal tunnel syndrome and depression. The patient was treated with medication, physical therapy, and acupuncture. Per notes dated 11/11/13, the patient reported that she had pain in her neck which was present all the time and traveled into both arms. Pain increases with movement. The patient also reported bilateral shoulder, elbow and wrist pain, all with radiation to the upper extremity. Per notes dated 12/9/13, she continues to have ongoing problems with neck, scapula, shoulder and ongoing depression as well as difficulty sleeping. The patient reports that therapy and acupuncture has provided her some relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 SESSIONS OF ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Per the MTUS Acupuncture 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." The patient has had prior acupuncture treatment. There is a 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. The request is therefore not medically necessary and appropriate.