

<b>Case Number:</b>	CM13-0069951		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Psychology, 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:

This is a 38 year old female patient with pain complains of bilateral shoulders-upper extremities. Diagnoses included bilateral carpal tunnel. Previous treatments included: oral medication, physical therapy, acupuncture (between 2012 and 2013 an unknown number of acupuncture sessions were rendered with unreported gains) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x16 was made on 10-01-13 by the primary treating physician (PTP). The requested care was modified on 12-13-13 by the UR reviewer to approve six sessions and non-certifying ten sessions. The reviewer rationale was "acupuncture requested (x16) exceeds the guidelines; a trial of up to six sessions is supported by the MTUS as medically and necessary. Additional care requires documentation of objective functional improvement."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE; SIXTEEN (16) VISITS (2X8): Upheld**

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

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

**Decision rationale:** Peer review guidelines (MTUS) note that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x16, a number that exceeds the guidelines without extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x16 is not supported for medical necessity.