

<b>Case Number:</b>	CM13-0070112		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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, has a subspecialty in 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 patient is a 62 year old female with a date of injury of 8/30/2011. According to the progress report dated 12/5/2013, the patient reports good results and was able to reduce medications. The provider noted that the patient has better function and decrease pain. Significant objective findings include decrease range of motion in the left shoulder and normal gait. The patient was diagnosed with carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) ACUPUNCTURE SESSIONS:** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Guideline recommends acupuncture for chronic pain. Guidelines recommend a trial of 3-6 visits with a frequency of 1-3 times a week over 1 to 2 months to produce functional improvement. It states that acupuncture treatment may be extended if there is documentation of functional improvement. Records indicate that the patient had received acupuncture care in the past. The acupuncture provider noted that the patient's pain level decreased with increased activity level. In addition, the provider noted increased range of

motion and increased muscle strength. The provider requested additional acupuncture sessions because it was noted to be effective. However, there was no documentation of functional improvement. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary.