

<b>Case Number:</b>	CM14-0003723		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Acupuncture, and is licensed to practice in New York. 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 applicant has filed a claim for an industrial injury to her bilateral hip and shoulders that radiates bilaterally down her upper and lower extremities; left greater than her right side causing severe pain, numbness and tingling. Since this incident in 3/12/08, the applicant underwent care with an orthopedist, physical therapist, and an acupuncturist. Throughout the years, EMG/NCV electrodiagnostic studies were conducted, the patient received Hwave treatments, electric stimulation, therapeutic exercises, foot orthotics, and used braces. The patient also utilized topical and oral anti-inflammatory and pain medications, and administered hot and cold modalities. She has been involved in a functional restorative program. As mentioned just above, she had previous acupuncture treatments and subjectively stated it decreased her pain and increased her functionality; however, documentation provided does not demonstrate functional improvement objectively. Before 12/31/13, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive acupuncture therapy and did not certify such noting the applicant has not shown any functional improvement consistent with measurable goals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X WEEK FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** According to the medical records provided for review, the applicant has had prior acupuncture care without objective evidence of functional improvement. As noted in MTUS Acupuncture Guidelines, acupuncture treatments may be extended if functional improvements are documented. Therefore, the request for additional acupuncture therapy is not medically necessary and appropriate.