

<b>Case Number:</b>	CM14-0006163		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 licensed 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 is a female employee who has filed an industrial claim for an injury that occurred on 9/22/10. The most recent progress notes, dated 12/2/13 indicates the applicant is in constant pain and tenderness to her neck, lumbar spine, bilateral wrists, right shoulder with inability to grasp or hold things due to this pain. The applicant is post status of bilateral wrist carpal tunnel release surgery; date of surgery not documented. The treating physician requested additional 8 acupuncture sessions without documentation of the full. The mechanism of injury is unknown. Claimant is retired. Treatment includes orthopedic examinations and prior acupuncture sessions. Diagnostically, the applicant had a more recent MRI of her right shoulder indicating tendinosis of supraspinatus tendon and mild joint degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR RIGHT WRIST, RIGHT HAND, RIGHT ARM (2X4): Upheld**

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

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

**Decision rationale:** Additional acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture, including the definition of functional improvement. Evidently, the applicant has

received approved acupuncture sessions previously. This current request is for an additional eight acupuncture sessions and is considered based on functional improvement of the applicant. Unfortunately, the treating physician neglected to provide enough clinical data to demonstrate sufficiently functional improvement prior to his request on 12/3/13 defined in MTUS. There is a lack of clinical information regarding significant improvement in activities of daily living or reduction in work requirements. The applicant is retired; therefore, no change exists in work status. Furthermore, if the current acupuncture prescription were considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. These eight visits exceed the MTUS guideline (if this was an initial prescription). Based on MTUS, an additional acupuncture course of therapy is not medically necessary.