

<b>Case Number:</b>	CM14-0006875		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<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 Chiropractic and 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 claimant is a 40 year old female who sustained a work related injury on 9/14/2010. Prior treatment includes physical therapy, acupuncture, and oral medication. On 12/27/2013, six sessions of acupuncture were certified. Also six sessions were also certified on 11/26/2013. Two sessions of acupuncture were certified on 8/1/2013. She was rated permanent and stationary in 7/5/2013. The claimant also had 12 sessions of acupuncture were rendered from 12/14/12 to 4/15/13 and 8-10 sessions in 2011. Per a PR-2 dated 12/16/13, the claimant has pain in the neck, shoulders, hands and wrists. The pain radiates to the head, forearms and sometimes with stiffness and numbness in the fingers. She has pain and stiffness when washing her hair, hands and wrists pain aggravate when cooking. After acupuncture she feels like she has had some improvement of symptoms but not stabilize. The claimant's pain improved and wrist energy improved. She cant hold or lift 15 lbs for a long period of time. Per a PR-2 dated 9/2/13, the claimant had identical subjective and objective findings. Her diagnoses are cervical strain, carpal tunnel syndrome, tenosynovitis of the hand/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE X6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had extensive acupuncture treatments. She also has had six recently approved sessions, however the provider failed to document functional improvement associated with the completion of her acupuncture visits. In regards to previous acupuncture rendered, no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. The last reports were identical in subjective and objective findings. Therefore, further acupuncture is not medically necessary.