

<b>Case Number:</b>	CM14-0009443		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 63 year old female who sustained a work related injury on 3/18/10. Per a PR-2 dated 1/9/14, the claimant complains of pain in both of her hands. The cold has worsened her symptoms. She also has neck, back, and right knee pain. Her diagnoses are cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral de quervain's tenosynovitis, lumbar radiculopathy, and right knee internal derangement. The request is for acupuncture because she is having an exacerbation of pain and her medication is not sufficient in alleviating her symptoms. The claimant is on modified work. Per a PR-2 dated 7/11/13, acupuncture had improved her pain greatly. Per a PR-2 dated 4/25/13, the claimant has stated that acupuncture treatments have reduced her pain and improved her overall function. Per a PR-2 dated 2/21/13, the claimant has had acupuncture in the past that improved her symptoms. Prior treatment includes oral medication, surgery, physical therapy, and injections.

### 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 3 WEEKS FOR THE RIGHT WRIST, HANDS, FINGERS, SHOULDER, NECK, LOW BACK, RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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 acupuncture in the past of unknown quantity; however the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.