

<b>Case Number:</b>	CM14-0106051		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 as well as Board Certified 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 injured worker is a 43 year old female who reported right shoulder, upper arm and wrist pain from injury sustained on 02/14/11 due to cumulative trauma of doing repetitive computer work. Electro diagnostic studies revealed mild bilateral cubital tunnel syndrome and mild right carpal tunnel syndrome. Patient is diagnosed with pain in joint, shoulder region, pain in joint-upper arm, pain in soft tissue of limb and sprain/strain of unspecified site of wrist. Patient has been treated with medication and therapy. Per medical notes dated 03/12/14, the patient complains of pain in her right wrist, right elbow, and her right shoulder. She has intermittent numbness and tingling in the ring finger and little finger. Range of motion is within normal limits. Per medical notes dated 06/19/14, patient reports increased pain level since last visit. Quality of sleep is poor. She states that injection was helpful for about 4 weeks and is weaning off. Provider is requesting initial trial of 12 acupuncture visits which was modified to 6 visits by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 visits:** Upheld

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Acupuncture Medical Treatment Guidelines. The Expert Reviewer's decision rationale: Per MTUS, "Acupuncture Medical Treatment Guidelines Page 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." The patient has not had any prior Acupuncture treatment. The provider is recommending an initial trial of acupuncture x12, which was modified to 6 treatments by the utilization reviewer. Per guidelines, "3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care." Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS, "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam." Per guidelines and review of evidence, 12 Acupuncture visits are not considered medically necessary.