

<b>Case Number:</b>	CM14-0011844		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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, has a subspecialty in Addiction Detoxification 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 male employee who has filed a claim for an injury to his neck and upper extremities. This incident occurred on 2/29/12 where he and some other men were opening a heavy, broken gate and he felt a "popping" in his right elbow and neck. Pain followed immediately. Since then, the applicant's treatments consisted of the following: orthopedic, twenty-two acupuncture sessions, twelve physical therapy, and anti-inflammatory medication. The applicant is status post right elbow ulnar nerve surgery, dated 9/10/12. On 5/13/13, an MRI of the neck documented positive for "scoliosis of the cervico-thoracic spine convex to the left", and disc protrusion and degeneration. Electrodiagnostic nerve conduction study and considered a normal study. In the utilization review report, dated 1/6/14, the UR determination was unable to approve six additional sessions of acupuncture care. The applicant received at least twenty-two prior acupuncture sessions and the physician adviser expected the patient, after all these treatments to have transitioned into a self-directed home exercise program, based on MTUS guidelines in light of "functional improvement".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE 1X6 (NECK AND UPPER EXTREMITIES):** Upheld

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant did receive acupuncture care of twenty-two visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the improvements in activities of daily living or work restrictions are so minor as to not be clinically significant. To note, the applicant remains at permanent and stationary status with unchanged work restrictions. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.