

<b>Case Number:</b>	CM14-0131952		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 injured worker is a 43 year old female who reported right wrist, elbow and shoulder pain from injury sustained on 02/04/11 due to cumulative trauma of repetitive typing. EMG/NCV (Electromyography / Nerve Conduction Velocity) of right upper extremity is normal. Patient is diagnosed with pain in joint- shoulder, elbow pain, extremity pain and wrist pain. Patient has been treated with medication, physical therapy, injection and TENS (Transcutaneous Electric Nerve Stimulation) unit. Per medical notes dated 03/12/14, patient complains of pain in her right wrist, right elbow and right shoulder. She has intermittent numbness and tingling in the ring finger and little finger. Pain is made worse by twisting motion, lifting and is made better with ice, TENS (Transcutaneous Electric Nerve Stimulation), massage and heat. Examination revealed normal range of motion. Per medical notes dated 06/19/14, patient has increased pain since last visit. She complains of poor sleep quality. She states that injection was helpful for about 4 weeks and is wearing off. Provider is requesting acupuncture x12. Per medical notes dated 07/31/14, patient complains of increased pain since last visit. Patient reports nausea, poor sleep quality. She will be starting her initial acupuncture trail. There is no assessment in the provided medical records of functional efficacy with initial trial of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Acupuncture sessions: Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 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". Per utilization review, patient has been authorized initial trial of acupuncture visits. Per medical notes dated 07/31/14, patient will begin her initial acupuncture trial. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, Twelve (12) Acupuncture sessions are not medically necessary and appropriate.