

<b>Case Number:</b>	CM14-0136012		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & 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:

Claimant is a 56 year old male who sustained a work related injury on 4/20/2014. Prior treatment has included acupuncture, chiropractic, massage, bracing, physical therapy, left hand surgery, and oral medication. His diagnoses are bilateral carpal tunnel syndrome, repetitive strain injury, myofascial pain syndrome, and bilateral shoulder and elbow strains. Per a PR-2 dated 7/21/2014, the claimant has pain in the arm, shoulder, and hand bilaterally. The claimant has tingling sensation in the arm, wrist and hand. The pain is aggravated by activity and has difficulty in sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xWk x 4Wks Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

**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 acupuncture of unknown quantity and duration in the past. The provider failed to document any functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary. There is no documentation as to why acupuncture is being requested again for this chronic condition.