

<b>Case Number:</b>	CM14-0137512		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 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 54 year old female who reported neck, shoulder, and wrist/hand pain from injury sustained on 08/01/06. Mechanism of injury was not documented in the provided medical records. MRI of the right shoulder revealed tear of anterior edge of supraspinatus; moderate subscapularis tendinosis and subcoracoid effusion. Patient is diagnosed with cervicgia, wrist sprain, carpal tunnel syndrome, shoulder sprain/strain and brachial neuritis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 06/17/14, patient complains of constant moderate to severe neck pain rated at 7/10. Patient complains of right shoulder pain radiating down the arm to fingers. Patient complains of burning bilateral wrist and hand pain. Per medical notes dated 07/22/14, patient complains of burning neck pain and muscle spasms. Pain is rated at 7/10, shoulder pain 9/10, bilateral wrist pain 8-9/10 and right thumb pain 9/10. Examination revealed tenderness to palpation and decreased range of motion of the affected areas. Provider is requesting 6 acupuncture treatments for the hand and wrist pain. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, hand/wrist and forearm pain, Acupuncture

**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". Patient has had prior acupuncture treatment. Acupuncture notes dated 07/22/14 report recent flare-up. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome; hand/wrist and forearm pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.