

<b>Case Number:</b>	CM14-0160579		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 29 year old female who reported shoulder pain and wrist pain from injury sustained on 02/03/12 after a box fell on her. Electrodiagnostic imaging revealed mild left carpal tunnel syndrome. Patient is diagnosed with shoulder sprain/strain, sprain/strain of unspecified site of elbow/forearm; sprain/strain of unspecified site of wrist; de Quervain's tenosynovitis. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 07/03/14, patient complains of frequent, severe, dull, achy left elbow pain and cramping. She complains of constant severe, dull, achy left wrist pain with stiffness and cramping. Per medical notes dated 07/16/14, patient complains of upper back pain which travels to her lower back. She is unable to remain in the same position for very long and must change from sitting to standing and moving around frequently. She states that she feels "like pins and needles" in the left trapezius area of her neck. Examination revealed range of motion which is within normal limits. Medical records do not document prior acupuncture treatment. Provider requested 12 acupuncture treatments for shoulder pain. Requested visits exceed the quantity supported by cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of acupuncture for the shoulders:** 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:** 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". Medical records do not document prior acupuncture treatment. Provider requested 12 acupuncture treatments for shoulder pain. 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. MTUS- Definition 9792.20 (f) 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 medically necessary.