

<b>Case Number:</b>	CM14-0165763		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 a licensed Chiropractor & Acupuncturist, 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 74 year old female who sustained a work related injury on 1/21/2004. Per a prior review on 9/22/2014, the claimant complains of bilateral upper extremities and neck on 9/12/14. She has restricted range of motion of the neck/shoulders, hypoesthesia in the bilateral median nerve distribution, positive Phalen's, and positive Tinel's. She has had bilateral carpal tunnel release. Her diagnoses are chronic repetitive strain syndrome, history of cervical spine fusion, left shoulder open surgical procedure, history of right elbow and forearm surgical procedure, history of bilateral carpal tunnel release, worsening right shoulder pain, rule out rotator cuff tear and chronic pain and narcotic dependence. Other prior treatment includes trigger point injections, physical therapy, and medications. Per a PR-2 dated 4/18/2012, the claimant has completed 5/6 acupuncture treatments and notes a moderate improvement in her symptoms of greater than 50%. However after acupuncture therapy her symptoms have returned. Her bilateral shoulder pain is progressing and she cannot lift her arms above her head without significant difficulty and constant pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk x 4wks cervical, bilateral shoulder and hand:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits in 2012. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also the claimant does appear to have sustained benefits and the claimant's shoulder pain is progressing right after having acupuncture treatment. There is no decreased dependency on medical treatment. Therefore further acupuncture is not medically necessary.