

<b>Case Number:</b>	CM14-0172208		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Services 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 67 year old male who reported bilateral upper extremity pain from injury sustained on 04/09/02 from cumulative trauma of handling newspapers. Patient is diagnosed with wrist/hand-trigger finger; shoulder impingement; internal knee derangement. Patient has been treated with bilateral carpal tunnel release, occupation therapy, bilateral decompression of ulnar nerve at the wrist, acupuncture. Per acupuncture progress notes dated 07/22/14, patient complains of joint pain at bilateral shoulder, pain level is 3-4/10. Per acupuncture progress notes dated 08/12/14, patient complains of joint pain at bilateral shoulder. Pain is aggravated with lying on side or reaching. His pain level has been reduced to approximately 2-3/10 from 2-8/10 following acupuncture treatment. He estimates over 50% improvement in his shoulder pain since starting treatment. Per medical notes dated 08/27/14, patient complains of right shoulder pain more than left with limited motion. Provider requested additional 6 acupuncture treatments. 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:

**Acupuncture x 6 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". Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 08/12/14, patient complains of joint pain in bilateral shoulders, pain is reduced to 2-3/10 following acupuncture; he estimates over 50% improvement in his shoulder pain since starting treatment. Provider requested 6 additional treatments. Medical notes stated subjective improvement; however, 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, 6 acupuncture treatments are not medically necessary.