

<b>Case Number:</b>	CM14-0040553		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Board Certified in Chiropractic Medicine, has a subspecialty 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:

Claimant is a 60-year-old who sustained a work related injury on June 29, 2004. Per a Pr-2 dated February 17, 2014, the claimant has worsening neck pain radiating to the bilateral extremities. She also has bilateral wrist pain with the right worse than the left. Her diagnosis is cervical spine sprain/strain, status post carpal tunnel and dequervian's surgery, and bilateral forearm and wrist sprain/strain, and elbow tenosynovitis. . She is not working. Prior treatment includes oral medication and surgery. Three acupuncture sessions were authorized on March 4, 2014 to address the flareup of neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three sessions of acupuncture to the bilateral elbows/wrists:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 three acupuncture visits approved to deal with the recent documented flareup; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. The request for three sessions of acupuncture to the bilateral elbows/wrists is not medically necessary or appropriate.