

<b>Case Number:</b>	CM14-0041918		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

Claimant is a 43 year old female who sustained an injury on 7/2/2013. Her diagnoses are right shoulder tendonitis, elbow sprain/strain, wrist sprain/strain/carpal tunnel syndrome, cervical disc disease, thoracic spine sprain/strain, lumbar disc disease, left shoulder labral and biceps tendon tear. Prior treatment has included activity modification, physical therapy, and oral medication. Per a Pr-2 dated 6/3/14, the claimant has neck, mid back, lower back, bilateral shoulder, bilateral elbow, and bilateral wrist pain. The provider requests further acupuncture stating that the claimant's response to acupuncture has been satisfactory and her pain levels, duration of pain, and range of motion have slightly improved. This same request was made on a PR-2 dated 4/22/14, 3/8/14, 1/17/14, and 12/17/13. The claimant remains off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture sessions, in treatment of the bilateral shoulders/elbows/wrists, right hand, cervical spine, thoracic spine, and lumbar spine:** 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 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 an unknown number of acupuncture sessions. The provider continually states range of motion, pain level and duration improvement. Despite mild improvements in range of motion and pain level over the six month period, the provider fails to address any functional improvement associated with the completion of her acupuncture visits. The claimant has not returned to work or increased her activities of daily living. There is no discussion on medications. Furthermore, the request for treatment are consistent and do not show a decreased dependency on continued medical treatment. Therefore, further acupuncture is not medically necessary based on the lack of functional improvement.