

<b>Case Number:</b>	CM14-0046018		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 purpose of this review is to consider additional acupuncture treatment one times per week for six weeks. The applicant is a female employee who has filed an industrial claim for bilateral upper extremity and neck injury that occurred on 3/29/05. Mechanism of injury is repetitive in nature primarily affecting her right upper extremity initially and worsening with symptoms. Currently the patient complains of chronic pain, weakness and electric shock feeling that radiates throughout the bilateral upper extremities. On 3/31/14, the primary treating physician requested an additional six sessions of acupuncture to treat her pain and to reduce some of her symptoms. She continues to suffer with chronic pain which prevents her from sleeping. Her treatment to date includes, but is not limited to, x-rays, MRI's, epidural steroid injections in the cervical spine, right rotator cuff repair with subacromial decompression and acromioplasty, shoulder manipulation under anesthesia procedures, at least eighteen acupuncture sessions, physical therapy sessions, massage therapy, oral and topical pain and anti-inflammatory medications. Applicant continues to be "Permanent and Stationary" work status. In the utilization review report, dated 4/04/14, the UR determination did not approve the additional six sessions of acupuncture in light of "functional improvement" of MTUS guidelines. No specifics provided of the mechanism that caused the flare-up to warrant the additional acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Acupuncture visits (neck, bilateral upper extremities): Upheld**

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received many rounds of acupuncture care totaling at least eighteen visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician did not provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant continues to be on "permanent and stationary" status. Therefore, the request for additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.