

<b>Case Number:</b>	CM14-0051412		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 37 year old female with a date of injury on 1/5/2013. Diagnoses include left shoulder strain/sprain, left wrist strain/sprain, and left elbow medial epicondylitis. Subjective complaints are of persistent pain in the neck, left shoulder, left wrist, and low back. The shoulder pain radiates into the fingers with numbness and tingling, and the low back pain radiates to the toes with numbness and tingling. Physical exam shows ambulation with a cane, cervical spine guarding, and tender paracervical muscles. The left shoulder has decreased range of motion, and muscle tenderness. There is left wrist tenderness, and positive Tinel's. Lumbar spine has tenderness, and positive bilateral straight leg raise test. Prior treatment has included medications, and chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 X 4 for the left wrist/ left elbow/ left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, 303, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

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

**Decision rationale:** The California acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented. For this patient, the request for 8 acupuncture sessions exceeds guideline recommendations for initial therapy. Therefore, the medical necessity for 8 acupuncture visits is not established at this time.