

<b>Case Number:</b>	CM14-0052672		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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:

The injured worker is a 62 year old female who reported right ankle, neck and right shoulder pain from injury sustained on 04/08/09 due to a slip and fall. Patient is diagnosed with cervical and lumbar strain; bilateral shoulder impingement syndrome; right carpal tunnel syndrome; bilateral internal derangement; unspecified disorder of bursa and tendons shoulder region; and enthesopathy of hip region. Computed tomography scan of the head was negative. Electromyogram (EMG) and Nerve Conduction Studies revealed right mild carpal tunnel syndrome. Magnetic Resonance Imaging (MRI) of the cervical spine revealed degenerative disc disease at multiple levels with neuroforaminal narrowing. Patient has been treated with physical therapy; chiropractic; medication and injection. Per medical notes dated 03/06/14, patient is having pain in her shoulder that radiates to the neck. She is having extreme pain. She continues to take medication. Examination revealed tenderness to palpation of the anterior shoulder and restricted range of motion. Primary physician requested initial course of 12 acupuncture treatments which was modified to 3 by the utilization reviewer. Per medical notes dated 05/15/14, patient complains of frequent moderate neck and low back pain; moderate frequent bilateral knee and shoulder pain. She also complains of mild to moderate right ankle pain. Paravertebral muscles are tender to palpation. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Accupuncture 3 x 4: Upheld**

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.