

<b>Case Number:</b>	CM14-0060720		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 & 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 female who sustained a work related injury on 11/7/2008. No acupuncture notes were submitted for review. Only progress reports from the primary physician were submitted. Per a PR-2 dated 7/3/2014, the claimant has left forearm and hand pain. It was improved with monthly acupuncture but her work volume has increased and also increased her pain. The claimant feels that acupuncture has improved her function, decreased her medication usage and pain. The claimant has upper extremity pain from the left shoulder to the left hand. The pain is throbbing, episodic, and worsening. Her diagnoses are elbow pain, wrist pain, neuropathy of the upper extremity, and hand pain. Prior treatment includes oral medication, topical medication, aquatic therapy, and surgery. The claimant is working full time without restrictions. In a comparison of progress notes from 9/2013-7/2014, medications listed remain constant and no objective improvements in examination are found.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x per week for 4 weeks to Left Forearm, Wrist and Hand:** 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 or medications and a reduction of dependency on continued medical treatment. The claimant has had extensive acupuncture treatments and only reported subjective benefit of reduced medication, functional gains, and pain reduction. However, the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Medication usage appears to be the same. There is no change in work restrictions as the claimant is working without restrictions. There are no improvements in activities of daily living or objective examination findings. Also the claimant states that she needs less frequent acupuncture as a reduction of dependency on medical treatment. Unfortunately, the guidelines require functional improvement in addition to reduction of treatment. Therefore further acupuncture is not medically necessary.