

<b>Case Number:</b>	CM14-0060963		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/17/2014
<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 Board Certified 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 twelve acupuncture sessions. The applicant is a female employee who has filed an industrial claim for right forearm injury that occurred on 9/20/13. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of intermittent pain, weakness, and reduction in function. On 2/24/14, the treating physician requested twelve sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant complains of pain that radiates her entire right arm, elbow, shoulder and upper back. Repetitive work and grasping worsens her pain. The applicant has not received prior acupuncture care for this injury. The applicant is temporarily totally disabled. Her diagnoses consist of right upper extremity neuropathy, right forearm pain, depression, and gastritis. Her treatment to date includes, but is not limited to, X-rays, MRI's, physical therapy, home exercise program, trigger point injections, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/17/14, the UR determination did not approve the twelve sessions of acupuncture, but modified this original request and did approve six sessions as an initial round recommended by MTUS guidelines as time allowed in order gaining objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk for 6 wks: Upheld**

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

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

**Decision rationale:** Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program and the prolonged Temporarily Totally Disabled work status is evident of a lack of a treatment program focused on functional recovery. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial that is less than twelve visits, the original request of twelve sessions of acupuncture is not medically necessary.