

<b>Case Number:</b>	CM14-0062533		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 license 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:

This case involves a 55 year old female who sustained a right arm and elbow injury on 01/22/2007 due to cumulative trauma of keyboarding. There were no diagnostic imaging reports. Patient is diagnosed with repetitive strain injury; lateral epicondylitis; myofascial pain; pain in limb; tenosynovitis of hand/wrist; and pain in joint-shoulder. The injured worker's treatment includes medication, therapy and acupuncture. Per medical notes dated 03/06/14, patient complains of tightness and pain in the right arm and elbow. She has been working full duty without limitations and has had a flare-up for one month. There are no new injuries reported. Per medical notes dated 05/01/14, patient notes improvement with her pain due to acupuncture, as well as relaxation of her muscle. She has less frequent pain and ache in her right arm, her activities of daily living are not affected, and she can use her keyboard more at ease. Examination revealed +2TTP of bilateral trapezius, scalene as well as decreased internal rotation of the shoulder. Primary physician is requesting additional 6 acupuncture visits; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture Sessions:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It can be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement is 3-6 Treatments with a frequency of 1-3 times per week with the optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per medical notes dated 05/01/14, patient notes improvement in pain as well as more relaxation of her muscle. In addition, her activities of daily living were not affected. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.