

<b>Case Number:</b>	CM14-0075547		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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 Chiropractics, has a subspecialty in 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 patient is a 58-year-old female with a date of injury of 2/28/12. According to the progress report dated 4/11/2014, the patient complained of bilateral shoulder and thumb pain. The pain was described as mild to moderate with numbness. The patient rated her pain at 6/10 and had completed six acupuncture sessions and reported good benefit to the right shoulder. Significant objective findings include positive Tinel's and Phalen's on the left wrist, decrease sensory over the median nerve, and positive moderate carpal tunnel syndrome shown on electromyography (EMG) of the bilateral upper extremity dated 11/12/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 2x3.:** Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient completed six acupuncture sessions with noted benefit. According to the acupuncture progress report dated 4/1/2014, the patient's

pain in the shoulder was reduced from 6/10 to 4-5/10. The patient's range of motion, strength, endurance, and ability to perform activities of daily living has increased. In addition, the patient's upper extremity functional scale decreased from 30/48 to 19/48. This indicates that the patient had a 36% improvement in her upper extremity function. Based on the documentation of functional improvement, the provider's request for additional acupuncture sessions 2 times per week for 3 weeks is medically necessary at this time.