

<b>Case Number:</b>	CM14-0077509		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

Claimant is a 25 year old male who sustained an industrial injury on 11/8/2012. Three acupuncture visits were approved on 5/2/2014. Prior treatment includes chiropractic, physical therapy, acupuncture, topical medication, TENS, and bracing. Per a report dated 5/16/14, the claimant has headaches that are occipital, temporal and frontal. He also has bilateral lumbar and tailbone pain. He has left shoulder pain with radiation to left forearm/elbow and is associated with clicking, popping, and limited range of motion. He has left elbow pain and limited range of motion. He has left wrist pain with weakness, numbness, tingling, and burning. He has bilateral knee pain with limited range of motion. His diagnoses are head pain, lumbosacral strain/sprain, rule out lumbar spine discogenic disease, left shoulder sprain/strain, rule out left shoulder internal derangement, left elbow sprain/strain, left elbow lateral/medial epicondylitis, rule out left elbow cubital tunnel syndrome, left wrist sprain/strain, rule out left wrist carpal tunnel syndrome, bilateral knee strain/sprain, depression and sleep disturbance secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times six (6) to the lumbar spine and left upper extremity:** 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, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture and recently was authorized three additional visits. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. It is unclear whether the claimant has completed the most recently authorized visits. Therefore further acupuncture is not medically necessary.