

<b>Case Number:</b>	CM14-0103310		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 55 year old female who sustained a work related injury January 14, 2014, after a slip and fall onto her buttocks and right side of the body with an immediate onset of pain in her neck, lower back, right shoulder, right hand and right leg. On January 19, 2014, she had another slip and fall with pain to the left wrist, shoulder, and elbow. X-rays were obtained and were negative. She was diagnosed as strain, left shoulder; sprain left elbow; and sprain left wrist and provided a wrist brace, physical therapy x 6 sessions, and medication. According to a primary treating physician's progress report, dated June 2, 2014, the injured worker presented with complaints of low back and bilateral wrist pain. She reports feeling a little better. Objective findings included decreased range of motion in cervical spine and tenderness. Diagnoses included cervical spine sprain/strain; thoracic spine sprain/strain; lumbar spine sprain strain; right shoulder bicipital tendinitis; right shoulder sprain/strain; right hand and wrist sprain. At issue is the request for authorization for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment to the right wrist for 6 sessions:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, appears there has been prior acupuncture. Per the claims administrator, 6 initial sessions were authorized in March 2015. However, no functional benefit was noted from prior acupuncture. Given this, the currently requested acupuncture is not medically necessary.