

<b>Case Number:</b>	CM14-0184819		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/06/2006
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Practice and is licensed to practice in North Carolina. 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 70-year-old with a reported date of injury of 08/06/2006. The patient has the diagnoses of status post traumatic and subsequent surgical amputation of the right thumb with chronic residual thumb pain and neuropathic pain, mild rotator cuff tendinitis, cervical and upper shoulder strain with myofascial pain and chronic cervical degenerative disc disease. Per the most recent progress notes provided for review from the primary treating physician dated 10/09/2014, the patient had complaints of continued pain in the shoulder and upper extremities. The physical exam noted tenderness in the cervical paraspinal muscles, multiple trigger points, limited range of motion in the shoulder and bilateral AC, bicipital and subacromial are tenderness. The treatment plan recommendations included acupuncture, Lyrica and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 visits cervical spine/right thumb:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Acupuncture Page(s): 13.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation per the California MTUS. The time to produce results is 3-6 visits. The request is for 10 visits which are in excess. Therefore the request is not certified.