

<b>Case Number:</b>	CM14-0193087		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 is a 56 year old female patient with pain complains of bilateral shoulders, elbows and wrists. Diagnoses included bilateral shoulder bursitis, bilateral wrist sprain, and bilateral elbow epicondylitis, amongst others. Previous treatments included: oral medication, chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x12 was made on 10-02-14 by the primary treatment provider (PTP). The requested care was modified on 10-31-14 by the UR reviewer to approve six sessions and non-certifying six sessions. The reviewer rationale was "the patient did not have had prior acupuncture; a trial of six sessions is supported by the MTUS as medically necessary".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 6 weeks for the bilateral weeks:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic-physical therapy, oral medication, work modifications and self-care, amongst

others) an acupuncture trial for pain management would have been reasonable and supported by the guidelines. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested an initial 12 acupuncture sessions, which is significantly more than the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity.