

<b>Case Number:</b>	CM14-0196258		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/29/1997
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Acupuncturist, has a subspecialty in Chiropractic 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 injured worker is a 47 year old female who reported neck, back, shoulder, and knee, wrist, left elbow pain from injury sustained on 05/29/97. Patient was working as a probation officer when she fell into a ditch suffering multiple orthopedic injuries. Patient is diagnosed with bilateral carpal tunnel syndrome; chronic cervical and lumbar pain; chronic left knee pain. Patient has been treated with medication and therapy. Per medical notes dated 10/13/14, patient complains of neck, back, shoulder, knee, wrist and left elbow pain. She states her pain levels have ranged from 4 on a good day to 8 on a bad day. She continues to take her medications as prescribed and denies any changes in dose or frequency. She states she continues to wear her wrist brace. Examination revealed bilateral shoulder range of motion is limited secondary to pain at extremes of motion. Provider requested initial trial of 2X6 acupuncture treatments which was modified to 2X3 by the utilization review on 10/30/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x week for 3 weeks:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X6 acupuncture treatments which were modified to 2X3 by the utilization review on 10/30/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.