

<b>Case Number:</b>	CM14-0201215		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Chiropractor (DC), has a subspecialty 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:

The injured worker is a 41 year old female who reported neck and left upper extremity pain from injury sustained on 02/17/14 which packing merchandise in boxes when she felt a pull in the left arm. Patient is diagnosed with sprain of neck, sprain of thoracic region, sprain of hand, medial epicondylitis, sprain elbow/forearm, rotator cuff syndrome, and sprain of shoulder/arm. Patient has been treated with medication and therapy. Per medical notes dated 10/15/14, patient complains of left shoulder, left elbow pain, and neck pain rated at 3/10 and 0/10 with medication. Patient complains of mid-back pain; cervical spine there is tenderness noted over the shoulder area with decreased range of motion, tenderness is noted over the elbow region with decreased range of motion. Per medical notes dated 11/12/14, patient complains of elbow pain rated at 3/10 and 1/10 with medication. Patient states thoracic spine, cervical spine and shoulder/arm are feeling better. Provider requested initial trial of 2X4 acupuncture treatment which was modified to 6 by the utilization review dated 11/18/14. 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 2 times a week for 4 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 2X4 acupuncture treatment which was modified to 6 by the utilization review dated 11/18/14. 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, 8 Acupuncture visits are not medically necessary.