

<b>Case Number:</b>	CM14-0038653		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 a licensed Acupuncturist & Chiropractor, 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 54 year old female who reported right shoulder, low back and wrist pain from injury sustained on 09/19/12. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with degenerative disc disease of lumbar spine, adhesive capsulitis of right shoulder, ganglion cyst on the right wrist. Patient has been treated with right shoulder surgery, medication, and physical therapy. Per medical notes dated 01/09/14, since physical therapy has advanced she has 4/10 pain at rest and feels worse after therapy sessions. Patient is better with surgery, as it is overall less than pre-operation. Per medical notes dated 02/25/14, patient is status post right shoulder rotator cuff repair with subacromial decompression. Patient complains of right wrist pain and low back pain rated at 3/10 at rest and 7/10 with movement. Examination revealed decreased range of motion and tenderness to palpation. Provider requested initial trial of 2X3 acupuncture treatments for right wrist which were non-certified by the utilization review on 03/07/14. 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:

**6 Initial Acupuncture Visits for the Right Wrist 2 x a week for 3 weeks as an Outpatient:**  
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 pages 8 and 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. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical notes. Provider requested initial trial of 2x3 acupuncture treatments which were non-certified by the utilization review. Patient has not had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical notes. Per Official Disability Guidelines, acupuncture is not recommended for hand, wrist/ forearm pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.