

<b>Case Number:</b>	CM15-0004516		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 63 year old female who sustained a work related injury December 31, 2010. A treating physician's progress report dated December 5, 2014, finds the injured worker presenting noting significant improvement of the pain and discomfort in her neck and upper extremities following a brief course of acupuncture. She does, however, note that pain continues to bother her on a daily basis, neck and both upper extremities. Physical examination reveals tenderness over the anterior aspect of the right shoulder; forward flex 140 degrees, abduct 140 degrees. There is a positive impingement and abduction sign. Tenderness is present over the right medial and lateral epicondyles, right forearm, and base of right thumb. There is stiffness of the right ring finger with inability to fully flex. Left shoulder; flexion 140 degrees, abduct 140 degrees, positive abduction and impingement sign, tenderness over the medial lateral epicondyles, tenderness over the left forearm and base of the left thumb. There is tenderness over the cervical spine especially posterior cervical triangles with 80% normal range of motion. Assessment included right carpal tunnel syndrome s/p right carpal tunnel release, right joint arthrosis of the thumb; right trigger finger s/p release with persistent stiffness; right lateral and medial epicondylitis; right rotator cuff impingement syndrome; left carpal tunnel syndrome s/p carpal tunnel release; left medial and lateral epicondylitis, left joint arthrosis of the thumb; left rotator cuff impingement syndrome and bilateral wrist and forearm mild fasciitis. Treatment plan included discussion of treatment options; ergonomic changes medications, splinting and therapy, requests for medications and (6) additional sessions of acupuncture. Work status is documented

as retirement disability. According to utilization review, dated December 23, 2014, the request for (6) Acupuncture Sessions for bilateral upper extremities is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 acupuncture sessions for the bilateral UE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.