

<b>Case Number:</b>	CM15-0006390		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 54 year old male, who sustained an industrial injury on 02/15/2013. He has reported a development in pain to the wrist, hands, and shoulder due to repetitive work activities. The injured worker was diagnosed with wrist sprain/ strain, carpal tunnel, and shoulder impingement syndrome. Treatment to date has included oral medication regimen, physical therapy, and acupuncture. Currently, the injured worker complains of intermittent moderate pain to the cervical spine, left shoulder, right wrist, and left wrist with weakness to the left shoulder and a pain rating of five out of ten, numbness to the right wrist with a pain rating of five out of ten, stiffness to the left wrist with a pain rating of six out ten, and radiating pain from the neck to the bilateral upper extremities that is rated a six out of ten. The treating physician documented in progress notes a request for acupuncture one times to two times a week for increase range of motion and decrease pain and spasm. On 12/17/2014 Utilization Review non-certified a request for ten additional acupuncture sessions with an unknown volume to date, noting the Medical Treatment Utilization Schedule, Acupuncture Guidelines, Acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional acupuncture sessions which were non-certified by the utilization review. 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, 10 acupuncture treatments are not medically necessary.