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| <b>Case Number:</b>   | CM15-0009725 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 05/12/1999 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/16/2015 |

### 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 48 year old female, who sustained an industrial injury on May 12, 1999. The diagnoses have included chronic cervical strain, right upper extremity tendinitis and status post right elbow ulnar nerve release with on gonging symptoms. Treatment to date has included oral Non-steroidal anti-inflammatory drug, acupuncture treatment unknown number of sessions but is noted to have been helpful. Currently, the injured worker complains of numbness, tingling, and pain of the right upper extremity. Per a Pr-2 dated 7/23/2014, the claimant has a flareup of her condition and having increased pain in the neck, shoulder, wrist, and hand as well as numbness. Examination findings show positive elbow flexion test on right, decreased grip strength, and decreased range of motion in cervical spine. Her range of motion in the neck is flexion 50 degrees and extension 50 degrees. Per a PR-2 dated 10/21/2014, the claimant has begun acupuncture treatments but continues to have multiple complaints. She has decreased cervical range of motion of flexion 45 and extension 45 degrees. Per a PR-2 dated 11/21/2014, the claimant has received acupuncture and it is helping her. Examination findings show cervical range of motion is flexion and extension of 50 degrees. She is on disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six acupuncture visits:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. Cervical range of motion remains the same as prior to treatment and the claimant remains on disability. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.