

<b>Case Number:</b>	CM15-0186570		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/27/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Montana

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 56 year old female, who sustained an industrial injury on September 27, 2014. She reported pain in her right hand, right wrist, right forearm, right elbow, right shoulder and right side of neck. The injured worker was diagnosed as having tenosynovitis right wrist, tenosynovitis right elbow, right shoulder strain and cervical spine strain. Treatment to date has included diagnostic studies, exercises, acupuncture and medication. On August 13, 2015, the injured worker complained of "mild to moderate" pain in her right wrist, right forearm, right elbow, right shoulder and right side of her neck. She described the pain as aching and burning. The pain was noted to be intermittent and was made worse by repetitive use of her right upper extremity. Acupuncture was noted to help with the pain and she feels it is improving. The treatment plan included medication, home exercises, heat and ice application, modified duties, follow-up visit and six more acupuncture treatments. On August 27, 2015, utilization review denied a request for outpatient additional acupuncture to the right upper extremity and cervical area two times a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional acupuncture to the right upper extremity and cervical area two (2) times a week for three (3) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for right upper extremity and cervical spine which were non-certified by the utilization review. Patient reported "improvement" with acupuncture treatment; however, 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 authorized 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, 2x3 acupuncture treatments are not medically necessary.