

<b>Case Number:</b>	CM15-0206769		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 58 year old female who sustained an industrial injury on 2-24-2006. A review of medical records indicates the injured worker is being treated for sprain strain shoulder, pain in joint shoulder, carpal tunnel syndrome, and pain in joint forearm. Medical records dated 8-7-2015 noted hand pain, severe neck, and shoulder pain. Shoulder pain was rated a 9 out of 10, neck pain was rated a 9 out of 10, and left hand pain was rated a 7 out 10. Pain was worse when compared to previous visit. Physical examination noted decreased myofascial tenderness with a negative bilateral upper extremity neuro exam. Treatment has included injections and medications. EMG-NCV showed the right median motor and the left ulnar sensory nerves showed reduced amplitude. Per a PR-2 dated 7/18/2014, the claimant finished 8/8 acupuncture sessions. The claimant states that it did not help. Utilization review form dated 9-23-2015 non-certified acupuncture 3 x a week x 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture three time a week for four weeks:** Upheld

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

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

**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 trial with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.