

<b>Case Number:</b>	CM15-0208738		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

This 45 year old woman sustained an industrial injury on 5-1-2013. Diagnoses include carpal tunnel syndrome, shoulder joint pain, and cervicgia. Treatment has included oral medications, bracing, acupuncture, and shoulder steroid injection. Physician notes dated 8-18-2015 show complaints of neck and shoulder pain. The physical examination shows cervical spine tenderness with multiple trigger points. The right elbow is tender to palpation at the lateral epicondyle and medial epicondyle with trigger points. There is some slight swelling and numbness at the pinky as well as pain with resisted flexion and extension. Recommendations include Terocin, return to acupuncture, continue to use wrist brace, return to physical therapy, consider hand therapy, possible surgical consultation, prefers no medications, TENS unit trial, and follow up in two weeks. Utilization Review denied a request for acupuncture on 10-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x6, twice weekly for 3 weeks, to the right shoulder and right wrist:** Upheld

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

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

**Decision rationale:** The utilization review document of October 21, 2015 denied the treatment request for additional acupuncture care, two visits per week for three weeks to the patient's right shoulder and right wrist citing CA MTUS acupuncture treatment guidelines. The patient had been afforded to prior courses of acupuncture treatment of six visits per course with the medical provider estimating the patient's overall improvement at 60% and shoulder pain and use with decreased headaches and decreased numbness and tingling into the extremity. A 10% improvement in the Oswestry was also noted. The CA MTUS acupuncture treatment guidelines require evidence of functional improvement following an initial course or a subsequent course of acupuncture care of which none was documented. Although the percentage improvement was notable, there was no estimate as to what percentage of functional improvement in activities of daily living or return to work status was achieved given the overall subjective improvement. The medical necessity for continuation of acupuncture care, six additional visits is not supported by the reviewed medical records or consistent with the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines.