

<b>Case Number:</b>	CM15-0029543		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 26 year old female, who sustained an industrial injury reported on 9/16/2014. She has reported improved but persistent symptoms (illegible). The diagnoses were noted to have included cervical spine, thoracic spine, lumbar spine, bilateral wrists; (illegible). Treatments to date have included consultations; diagnostic imaging studies; physical therapy; home exercise program; and medication management for which the injured worker declined. The work status classification for this injured worker (IW) was noted as remain off work (illegible on 1/2/15 PR-2), and temporarily totally disabled for 4-6 weeks and laid off on 9/9/2014 (as per the 1/19/15 PR-2). Handwritten Doctor's first report for 9/23/2014, addendum to first report (9/23/14), and handwritten PR-2's are noted for: 10/14/2014, 11/19/2014, 1/2/2015 & 1/19/2015. A typed basic otolaryngological medial/legal evaluation, dated 11/4/2014, noted complaints of hearing loss and ringing in the ear from exposure to loud machinery noise at work. A diagnostic audiological evaluation is noted, and states this IW is permanent and stationary from an Ear, Nose & Throat perspective. On 1/26/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/16/2015, for 8 outpatient acupuncture sessions, 2 x a week x 4 weeks, for the left wrist, due to the 1/2/2015 & 1/19/2015 PR-2 forms submitted for review were illegible, and since there was no success in a face to face with the physician despite multiple attempts, starting on 1/21/2015 with no return call; medical necessity was not met and no modification was made. The Medical Treatment Utilization Schedule, acupuncture, California Utilization Review Standard, Broadspire Utilization Management's physician reviewers, was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture 2 Times A Week for 4 Weeks for The Left Wrist As An Outpatient:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Based on the submitted records, there is no evidence that the patient completed acupuncture care. Per progress report dated 1/2/15, the provider stated that the patient is improving with therapy but there was no mentioning of which therapy was rendered. Therefore, based on the limited documentation and lack of evidence of prior acupuncture treatment, the patient is a candidate for an initial trial of acupuncture. However, the provider's request for 8 acupuncture session to the left wrist exceeds the guidelines recommendation of 3-6 visits for an initial acupuncture trial. Therefore, the provider's request is not medically necessary at this time.