

<b>Case Number:</b>	CM15-0039493		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 40 year old male, who sustained an industrial injury on 11/1/2011. The mechanism of injury and initial complaint was not provided for review. Diagnoses include pain in the limb, medial and lateral epicondylitis, carpal tunnel syndrome, ulnar nerve lesion, neck sprain, myalgia and myositis and hand /wrist tenosynovitis. Treatments to date include acupuncture, hand therapy, physical therapy, home exercises and medication management. A progress note from the treating provider dated 1/23/2015 indicates the injured worker reported neck pain with numbness and soreness. He has had 24 total acupuncture treatments for her forearms, 8 hand therapies, and 6 physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 8 weeks for the neck and bilateral trapezius area:** 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 24 prior acupuncture sessions with no reported functional benefit. Although this is a request for acupuncture on a new region, as an initial request, eight visits exceeds the guidelines for an initial trial. Therefore further acupuncture is not medically necessary