

<b>Case Number:</b>	CM15-0044714		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	12/12/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 63-year-old female, who sustained an industrial injury on December 12, 2010. She reported right upper extremity repetitive injury. The injured worker was diagnosed as having status post right carpal tunnel release and status post right shoulder repair. Treatment to date has included medications, carpal tunnel release, and physical therapy, right shoulder surgery. On October 15, 2014, a PR4 indicates she was seen for her right shoulder. She was last evaluated one year prior to this date, for follow-up to right carpal tunnel release, and currently complains of right wrist and shoulder discomfort. Physical findings reveal well-healed surgical incisions on the right shoulder, full range of motion in all planes. Both wrists are noted to have full range of motion, negative Tinel's and Phalen's. The IMR request is for acupuncture two times weekly for six weeks for the cervical spine, right shoulder, bilateral wrists and bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 Cervical spine, Right shoulder, Bilateral wrists & Bilateral hands:**  
 Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 175; 275, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck; hand, wrist and forearm pain/ Acupuncture.

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions, which non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. ACOEM and ODG guidelines do not recommend acupuncture for neck; hand, wrist and forearm pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.