

<b>Case Number:</b>	CM15-0060725		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 51 year old female, who sustained an industrial injury on 1/24/2012. She reported repetitive type injury to bilateral upper extremity. Diagnoses include right shoulder impingement syndrome and osteoarthritis, carpal tunnel syndrome, status post right carpal tunnel release. Treatments to date include anti-inflammatory, physical therapy, and activity modification. Currently, she complained of increasing pain in the right upper extremity. On 2/12/15, the physical examination documented tenderness in the right upper extremity. The plan of care included acupuncture treatments and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x12 sessions for the right upper extremity, QTY: 12: 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 states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient

had acupuncture treatments in the past. The provider reported that acupuncture had previously helped the patient's symptoms. There was no objective documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 12 acupuncture sessions for the right upper extremity is not medically necessary at this time.