

<b>Case Number:</b>	CM15-0085844		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: 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 43 year old female, who sustained an industrial injury on 5/2/2013. The current diagnoses are cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, bilateral knee sprain/strain, and bilateral wrist sprain/strain, status post carpal tunnel release right wrist (3/10/2015). According to the progress report dated 3/4/2015, the injured worker complains of constant, moderate to severe pain in the neck, low back, shoulders, wrists, and knees. The pain is not rated. The physical examination reveals hypertonic muscles of the cervical/lumbar spine and bilateral shoulders/knees/wrists. The current medications are Naproxen, Prilosec, and Menthoderm gel. Treatment to date has included medication management, MRI studies, 18 physical therapy visits, acupuncture and surgical intervention. The plan of care includes 6 additional electro-acupuncture/infrared heat/soft tissue mobilization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Electro-Acupuncture/Infrared Heat/Soft Tissue Mobilization 2 X 3:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After eighteen prior acupuncture sessions combined with soft tissue mobilization were rendered, no significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement, the additional acupuncture combined with soft tissue mobilization x 6 does not meet the guidelines criteria and therefore is not medically necessary.