

<b>Case Number:</b>	CM14-0114645		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Chiropractic & Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 57 year old female who sustained a work related injury on 2/1/2010. Per a PR-2 dated 7/14/2014, the claimant has neck, shoulder, and upper extremity pain and hand swelling. She has positive Finkelstien's, Phalen's and Tinel's. She also has blanched hands, mottling and triggering of the thumb, and right hand cooler to the touch. According to a prior UR review, she has had at least 14 prior acupuncture sessions in addition to physical therapy, medications, and chiropractic. Her diagnoses are bilateral upper extremity overuse syndrome, complex regional pain syndrome (CRPS) Type II right hand, cervical pain, right carpal tunnel syndrome, ankylosis of right hand, thoracic pain, pain, bilateral shoulder pain, right adhesive capsulitis, bilateral lower extremity neuropathy, and depressive symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 visits for bilateral upper extremities:** 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 prior acupuncture of unknown quantity and duration without documentation of functional improvement. The provider appears to repeatedly request acupuncture with denials without presenting any new evidence as to why acupuncture would be medically necessary. Therefore further acupuncture is not medically necessary.