

<b>Case Number:</b>	CM14-0123063		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Chiropractics, has a subspecialty in 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 41 year old male who sustained a work related injury on 10/11/2013. Prior treatment has included physical therapy, work hardening, and oral medication. Six acupuncture visits were certified on 11/15/2013. An acupuncture note was submitted on 1/21/14 that states that it is the claimant's second visit and that the the claimant is slightly better. Per a PR-2 dated 2/4/2014, the claimant has had 3 visits of acupuncture. Per a PR-2 dated 6/4/2014, the claimant has right shoulder pain, right wrist and heand pain, left wrist and hand pain. His diagnoses are partial tear of rotator cuff tendon of the right shoulder, carpal tunnel syndrome of bilateral wrists, and tendonitis/bursitis of the bilateral hands/wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture three times a week for two weeks.:** 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 visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had six acupuncture visits certified and attended at least three visits. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.