

<b>Case Number:</b>	CM14-0152628		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 a licensed Acupuncturist, 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:

This is a 58 y/o female patient with pain complains of the left shoulder-upper extremity. Diagnoses included left hand extensor tendinitis, status post left carpal tunnel release. Previous treatments included: surgery (left carpal tunnel release), Oral Medication, Physical Therapy, Acupuncture (x6, gains reported as "significant amount of relief, improved functionality, improved endurance") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 08-13-14 by the PTP. The requested care was denied on 08-25-14 by the UR reviewer. The reviewer rationale was "there is no medical documentation provided regarding the progress through the treatments with the previous acupuncture sessions. There must be documentation as per the MTUS guidelines which require documenting the patient's functional improvements".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks for the left hand:** Upheld

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

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

**Decision rationale:** The MTUS note that 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." The patient already underwent prior acupuncture care without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc.). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.