

<b>Case Number:</b>	CM14-0162324		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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:

The injured worker is a 57 year old female who reported shoulder and neck pain from injury sustained on 04/01/13 due to cumulative trauma. MRI of the right shoulder revealed status post prior rotator cuff surgery, acromioclavicular osteoarthritis and bicipital tenosynovitis. MRI of the left shoulder revealed synovial vs. ganglion cyst, acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinitis, and sub-chondral cyst. Electrodiagnostic studies revealed moderate to severe bilateral carpal tunnel syndrome right greater than left; right chronic active C5-6 radiculopathy. Patient is diagnosed with impingement syndrome, cervical sprain/strain, bilateral carpal tunnel syndrome, and status post carpal tunnel release. Patient has been treated with carpal tunnel release surgery, medication, physical therapy and acupuncture. Patient has had prior acupuncture treatment. Per medical notes dated 09/04/14 patient complains of bilateral shoulder and right hand middle finger pain. Per medical notes dated 09/16/14, patient complains of left shoulder pain which is constant and moderate. Her right shoulder and bilateral wrists are rated 0/10 and have reached maximum medical improvement. Provider requested additional 9 acupuncture sessions. Per utilization review dated 09/22/14, the reviewer had approved 3 of the original request of 12 acupuncture sessions of which patient was administered 20 visits (17 unauthorized). There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 9 sessions bilateral shoulders:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 09/16/14, patient complains of left shoulder pain which is constant and moderate. Her right shoulder and bilateral wrists are rated 0/10 and have reached maximum medical improvement. Provider requested additional 9 acupuncture sessions. Per utilization review dated 09/22/14, the reviewer had approved 3 of the original request of 12 acupuncture sessions of which patient was administered 20 visits (17 unauthorized). There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 9 acupuncture treatments are not medically necessary.