

<b>Case Number:</b>	CM14-0168237		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 02/22/2011. The listed diagnoses per [REDACTED] are cervical spine disk protrusion, right shoulder pain, severe symptom and mild subscapular tendinosis, right elbow pain, right wrist/hand sprain/strain and depression. Treatment history includes medications, acupuncture, physical therapy, status post right cubital tunnel release in 2011. Examination revealed pain in the right shoulder, right elbow, and right wrist/hand rated as 5/10 to 8/10 on a pain scale. There was decrease in pain with current medications and increase in pain with sudden movement and repetitive use of the right arm. Request for authorization from 05/06/2014 requests acupuncture for the right shoulder and elbow 2 times a week for 4 weeks. Utilization review denied the request on 5/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines recommends acupuncture Page(s): 8.

**Decision rationale:** This patient presents with pain in the right shoulder, right elbow, and right wrist/hand. The physician is requesting acupuncture 2 times a week for 4 weeks. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. There are no prior acupuncture treatment reports. Review of QME report 03/25/2014 indicates the patient has participated in acupuncture in the past. For additional treatment, MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. Given the physician has not documented functional improvement, additional sessions cannot be supported. Recommendation is for denial.