

<b>Case Number:</b>	CM14-0180798		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Chiropractor, 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:

The injured worker is a 38 year old female who reported bilateral upper extremity pain from injury sustained on 05/07/14 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with repetitive motion disease, bilateral wrists and repetitive strain injury of bilateral arms/forearms. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 09/11/14, patient complains of bilateral upper extremity pain. She reports that she has slowly improved. Patient has started and completed 5 sessions of acupuncture. She reports tightness and heaviness in the forearm. Pain is rated at 4/10. Examination of the right forearm revealed slight tenderness to palpation with full range of motion on the proximal half. Per medical notes dated 10/10/14, patient reports overall she is much better. She has minimal occasional pain. She has been going to acupuncture with good results. She continues to work full time. Pain is rated at 4/10. Provider requested additional 4 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Additional) Acupuncture x4:** Upheld

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

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) - Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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 10/10/14, patient has minimal occasional pain. She has been going to acupuncture with good results. She continues to work full duty. Examination revealed full range of motion and no focal tenderness to palpation. Provider requested additional 4 acupuncture sessions; however, patient does not have any functional deficits which would necessitate additional care. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Per review of evidence and guidelines, additional 4 acupuncture treatments are not medically necessary.