

<b>Case Number:</b>	CM14-0192343		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and 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:

The injured worker is a 64 year old female who reported bilateral upper extremity pain from injury sustained on 10/05/09. The mechanism of injury was not documented in the provided medical records. The patient is diagnosed with right shoulder rotator cuff repair; bilateral knee arthritis; left shoulder mild impingement; bilateral ankle sprain; bilateral carpal tunnel syndrome. Patient has been treated with medication, physical therapy, steroid injection and acupuncture. . Per acupuncture progress notes dated 07/30/14, patient complains of bilateral elbow, wrist/hand pain. After acupuncture treatment wrist and forearm pain has dropped further, pain is rated at 5/10, swelling in forearm also improved, range of motion in wrists improved. Per medical notes dated 10/08/14, she had steroid injection to her right middle finger which helped. She would like 6 more sessions of acupuncture for the remaining aching in her arm that she is still experiencing. Provider requested additional 6 acupuncture treatments which were denied by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture, right upper extremity, qty : 6:** Upheld

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

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

**Decision rationale:** Per the 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 acupuncture progress notes dated 07/30/14, patient complains of bilateral elbow, wrist/hand pain. After acupuncture treatment wrist and forearm pain has dropped further, pain is rated at 5/10, swelling in forearm also improved, range of motion in wrists improved. Provider requested additional 6 acupuncture treatments. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 6 acupuncture treatments are not medically necessary.