

<b>Case Number:</b>	CM14-0219050		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 55 year old female, who sustained an industrial injury on 4/12/2014. She had reported in January 2014 that she had onset of pain and tingling in both elbows and right shoulder. April 2014 she experienced the onset of bilateral wrist/hand pain, numbness and tingling. October 14, 2014 [REDACTED] noted she had neck, right shoulder, right elbow, left elbow and bilateral wrist/hand pain, anxiety, depression, stress and nightly sleep disturbances. Cervical spine observation noted slight atrophy and slight moderate spasticity noted over paracervical musculature; upon palpation, moderate tenderness was noted over the paracervical musculature and range of motion was decreased. Foraminal compression test was positive and distraction test was positive. Neurological exams were discrepancies in sensory and reflex; flexion and extension revealed pain and discomfort and discrepancies noted in the girth measurements and the upper extremities. Right shoulder had moderate spasticity and tenderness with decrease range of motion by 40%. Right elbow had slight-moderate swelling with slight tenderness on palpation with range of motion within normal limits performed with pain. Left elbow had slight-moderate swelling with slight-moderate tenderness with decrease range of motion by 5%. Right hand/wrist had slight swelling with slight-moderate tenderness with decrease range of motion by 10%. Left hand/wrist had slight swelling with moderate tenderness with a decrease in range of motion by 15%. The injured worker was with diagnosis of sub-acute traumatic moderate repetitive cervical spine/strain; rule out herniated disc; sub-acute traumatic moderate repetitive right shoulder sprain/strain; rule out ligamentous injury; sub-acute traumatic moderate repetitive bilateral elbow sprain/strain; rule out ligamentous injury; sub-acute traumatic

moderate repetitive bilateral wrist/hand sprain/strain; rule out carpal tunnel syndrome/tenosynovitis and anxiety/depression/stress with associated irritability and mood swings and nightly sleep disturbances. Treatment plan was for chiropractic care, physical therapy, physiotherapy and acupuncture. Per the utilization review on November 15, 2014, the injured worker presented to the office of the acupuncture complaining of neck pain, right shoulder pain, right elbow pain, left elbow pain and bilateral wrist/hand pain; the recommendations were for a course of acupuncture for the bilateral upper extremities and cervical spine. According to the utilization review performed on 12/16/2014, the requested acupuncture 2x4 for right shoulder; acupuncture 2x4 for bilateral elbow; acupuncture 2x4 for bilateral wrist and acupuncture 2x4 cervical has been partially approved for 6 acupuncture sessions. Acupuncture 2x4 for right shoulder was partially approved for acupuncture x6 was medically necessary per the CA MTUS acupuncture medical guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement the need for additional acupuncture can be considered. The recommended six acupuncture treatments are consistent with this guideline. The claimant had not received any acupuncture for her ongoing complaints. Therefore, the request for acupuncture 2x4 for the right shoulder is not medically necessary. However, acupuncture x6 is medically necessary. Acupuncture 2x4 for bilateral elbow was partially approved for acupuncture x6 was medically necessary per the CA MTUS acupuncture medical guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement the need for additional acupuncture can be considered. The recommended six acupuncture treatments are consistent with this guideline. The claimant had not received any acupuncture for her ongoing complaints. Therefore, the request for acupuncture 2x4 for the right shoulder is not medically necessary. However, acupuncture x6 is medically necessary. Acupuncture 2x4 for bilateral wrist was partially approved for acupuncture x6 was medically necessary per the CA MTUS acupuncture medical guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement the need for additional acupuncture can be considered. The recommended six acupuncture treatments are consistent with this guideline. The claimant had not received any acupuncture for her ongoing complaints. Therefore, the request for acupuncture 2x4 for the right shoulder is not medically necessary. However, acupuncture x6 is medically necessary. Acupuncture 2x4 cervical was partially approved for acupuncture x6 was medically necessary per the CA MTUS acupuncture medical guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement the need for additional acupuncture can be considered. The recommended six acupuncture treatments are consistent with this guideline. The claimant had not received any acupuncture for her ongoing complaints. Therefore, the request for acupuncture 2x4 for the right shoulder is not medically necessary. However, acupuncture x6 is medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ACUPUNCTURE 2X4 FOR RT SHOULDER:** Upheld

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments for right shoulder which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.

**ACUPUNCTURE 2X4 FOR BILATERAL ELBOW:** Upheld

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments for bilateral elbows which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.

**ACUPUNCTURE 2X4 FOR BILATERAL WRIST:** Upheld

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments for bilateral wrists which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.

**ACUPUNCTURE 2X4 CERVICAL:** Upheld

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments for cervical spine which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.