

<b>Case Number:</b>	CM15-0007305		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 53-year-old female, who sustained an industrial injury on December 13, 2011. She has reported cumulative trauma. The diagnoses have included tendonitis of wrist and hand, cervicalgia. Treatment to date has included medications, 6 completed acupuncture sessions. Currently, the IW complains of continued right shoulder and upper extremity pain. The records indicate she had significant improvement following acupuncture. She reports her pain to be reduced from 9/10 to 6/10 on a pain scale, and from constant to frequent. She also reports an increase in her activity. Physical findings are noted as limited range of motion of the neck, with tenderness noted to the upper bilateral trapezius, and limited range of motion of the wrists. On December 9, 2014, Utilization Review non-certified additional acupuncture, two times weekly for six weeks, for the cervical spine, right trapezial, right elbow, and bilateral hands, based on Acupuncture Medical Treatment, and ODG guidelines. On January 4, 2015, the injured worker submitted an application for IMR for review of additional acupuncture, two times weekly for six weeks, for the cervical spine, right trapezial, right elbow, and bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE 2X6 WEEKS FOR CERVICAL RIGHT TRAPEZAL, RIGHT ELBOW AND BILATERAL HAND:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 2X6 acupuncture treatments are not medically necessary.