

<b>Case Number:</b>	CM15-0170080		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 was a 54 year old female, who sustained an industrial injury, June 3, 2009. According to progress note of March 30, 2015, the injured worker's chief complaint was headaches and pain in the neck, mid, upper and lower back, bilateral shoulders, bilateral elbows, bilateral knees and bilateral ankles. The injured worker rated the pain 8 out of 10 except for the right knee, right elbow and left elbow which were rated 7 out of 10. The physical exam noted there was grade II tenderness in all listed body parts with palpation. The injured worker stated the treatment helped. The injured worker reported decreased pain, tenderness and spasms. There was improvement in activities of daily living and function by 10%. The injured worker had increase range of motion and decreased pain in the lumbar spine. The injured worker was continuing chiropractic services for the left wrist and lumbar spine. According to the progress note of June 22, 2015, the acupuncture treatments have helped to decrease pain and tenderness. The injured worker indicated that the function and activities of daily living have improved with acupuncture therapy. However the injured worker's pain level was 7 out of 10 for 8 out of 10 on the prior visit. There was grade II tenderness in bilateral shoulders, bilateral elbows, bilateral wrists and bilateral hands. The injured worker was diagnosed with head pain, bilateral shoulder strain and or sprain, rule out bilateral shoulder impingement, bilateral elbow strain and or sprain, bilateral wrist strain and or sprain and situational depression. The injured worker previously received the following treatments 21 chiropractic sessions for the lumbar spine and left wrist, psychological evaluation, topical analgesic creams, 29 sessions of physical therapy, 4 sessions of acupuncture, 3 shockwave treatments to the left wrist and EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities on July 28,

2015 were normal. The RFA (request for authorization) dated March 30, 2015; the following treatments were requested 12 retroactive acupuncture sessions for the left upper extremity. The UR (utilization review board) denied certification on July 31, 2015, due to 12 sessions of acupuncture for the left upper extremity was not medically necessary. Per guidelines, the typical recommendations were initial 3-6 visits 1-3 times per week followed by a re-evaluation to determine benefit and further necessity.

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

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

**Retrospective Acupuncture of the left upper extremity 2 times a week for 6 weeks for a total of 12 treatment sessions as outpatient (dos:05/11/2015-06/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The July 31, 2015 utilization review document denied the retrospective request for 12 acupuncture visits to the patient's left upper extremity at two times per week for six weeks citing CA MT US acupuncture treatment guidelines. The reviewed records found evidence of a prior course of acupuncture visits, 12 sessions along with prescription medication. The medical necessity for 12 sessions of acupuncture to the left upper extremity is not supported by referenced CA MT US acupuncture treatment guidelines that recommend an initial course of treatment of three -six visits followed by evidence of functional improvement should additional treatment be requested. There was no evidence found in the medical records to exceed the CA MT US treatment guidelines recommendation for an initial course of treatment of three -six visits.