

<b>Case Number:</b>	CM15-0173877		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Montana  
 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 42 year old female who sustained an industrial injury February 21, 2014. Diagnoses are cervical spinal spasm; bilateral upper extremity musculoskeletal strain; bilateral carpal tunnel syndrome. According to a primary treating physician's progress report dated July 17, 2015, the injured worker presented reporting; "she is feeling better from acupuncture treatment, The second acupuncturist she finds much more effective than the first, even though the first helped somewhat. The 2nd acupuncturist has helped tremendously relieving and decreasing pain". She has completed (4) visits with the new acupuncture provider and is now only taking NSAID's (non-steroidal anti-inflammatory drugs) as needed, as acupuncture has decreased pain sufficiently. The treating physician documented electrodiagnostic studies August 29, 2014, revealed mild right carpal tunnel syndrome and November 10, 2014, revealed mild to moderate left carpal tunnel syndrome. Objective findings included; normal appearance to bilateral upper extremities; full range of motion, intact sensibility, negative Tinel's and Durkan's bilaterally; stable wrists, full range of motion no swelling, mild-minimal tenderness to bilateral forearms. According to treating physician's documentation, the injured worker has had (10) visits of acupuncture thus far. At issue, is the request for authorization for (8) additional acupuncture therapy visits for the bilateral upper extremities, twice a week for four weeks. According to utilization review dated July 27, 2015, the request for Acupuncture Therapy twice a week for four weeks (8 visits) bilateral upper extremities was modified to four (4) additional acupuncture therapy visits for the bilateral upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional acupuncture therapy visit for the bilateral upper extremities, twice a week for 4 weeks: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions for bilateral upper extremity which were modified to 4 acupuncture sessions by the utilization review. Per medical notes patient had significant decrease in pain, decrease in medication use with acupuncture treatment. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines as 4-6 sessions are supported for functional improvement. Additional visits may be authorized 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, 8 acupuncture treatments are not medically necessary.