

<b>Case Number:</b>	CM15-0176933		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/03/1996
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 47 years old female, who sustained an industrial injury on 6-3-1996. The injured worker was diagnosed bilateral carpal tunnel syndrome, bilateral knee sprain or strain, and left wrist strain or sprain. The request for authorization is for: acupuncture treatment two times per week for four weeks (2x4). The UR dated 8-21-2015: modified certification of four (4) acupuncture visits. On 8-4-2015, she reported that both of her hands and wrists were painful. She also reported that she had pain to her fingers and both knees. She is noted to have tenderness, decreased range of motion and decreased strength; however, the objective findings do not indicate to which body part this applies. The treatment plan included request for acupuncture for bilateral wrists and bilateral knees and an ortho follow up as needed. The treatment and diagnostic testing to date has included: medications, QME (4-26-14), x-rays (1996), electro-diagnostic studies (1996).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x per week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Provider requested initial trial of 2X4 acupuncture sessions, which were modified to 4 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.