

<b>Case Number:</b>	CM15-0066938		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female with an industrial injury dated July 29, 2011. The injured worker diagnoses include cervical spondylosis without myelopathy, rotator cuff syndrome of the bilateral shoulder, lateral epicondylitis of the elbows, carpal tunnel syndrome (median nerve entrapment at the wrists), and tendinitis/bursitis of hands/wrist. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/23/2015, the injured worker reported pain in the cervical spine, bilateral shoulders, bilateral wrists and hands, headache and bilateral elbows. Objective findings revealed tenderness to palpitation and spasm in the cervical, shoulders, elbows, and wrist and hands. The treating physician prescribed acupuncture for the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists and follow up visit with range of motion measurement and addressing activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture three times a week times three weeks for the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

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

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated with chronic neck and bilateral upper extremity pain. When seen, she had completed four acupuncture treatment sessions with reported improvement in activities such as driving with decreased pain and improved duration. Requests include an additional six treatment sessions. Guidelines recommend acupuncture as an option with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. The claimant had benefited from four treatment sessions and the additional treatments being requested are within the guideline recommendation. The request is therefore medically necessary.

**Follow up visit with range of motion measurement and addressing ADLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated with chronic neck and bilateral upper extremity pain. When seen, she had completed four acupuncture treatment sessions with reported improvement in activities such as driving with decreased pain and improved duration. Requests include an additional six treatment sessions. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, requesting a follow-up visit to address activities of daily living and obtain objective measurements of improvement after the treatment being proposed is medically necessary.