

<b>Case Number:</b>	CM15-0072644		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 69 year old male, who sustained an industrial injury on 04/13/2011. He has reported injury to the neck, right wrist, and right shoulder. The diagnoses have included repetitive strain injury; myofascial pain syndromes; right wrist tendonitis/strain; right shoulder strain; and right shoulder rotator cuff injury. Treatment to date has included medications, diagnostics, ice, bracing, chiropractic treatments, massage therapy, and electro-acupuncture. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant right wrist and right shoulder pain; and has noted functional improvement and beneficial effect from recent electro-acupuncture treatment. Objective findings included cervical tenderness and spasm; decreased cervical range of motion; right shoulder tenderness with decreased range of motion; and right wrist tenderness and swelling. The treatment plan has included the request for electro-acupuncture with infrared therapy and myofascial release, quantity 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-acupuncture with infrared therapy and myofascial release quantity 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

**Decision rationale:** The claimant is more than four years status post work-related injury and continues to be treated for right wrist and shoulder pain. Electro-acupuncture treatments have been provided since January 2015 with six treatments documented through 02/09/15. When seen, the claimant was having constant right wrist and shoulder pain. Recommendations included a continued home exercise program and an additional 12 electroacupuncture treatments. Electro-acupuncture is the use of electrical current applied through the needles at the acupuncture site. It is used to increase the effectiveness of the treatment by continuous stimulation of the acupoint. Physiological effects can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. In terms of acupuncture, it is an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant is performing a home exercise program in conjunction with the treatments being provided. However, the number of treatments being requested is excessive and does not represent a fading of treatment frequency or decreased reliance on medical care. Therefore, the request is not medically necessary.