

<b>Case Number:</b>	CM13-0010371		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Acupuncture and licensed to practice in California. 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 y/o female patient who got injured in a work related accident on 10-29-12 (DOI). The diagnoses included adhesive capsulitis of the shoulders and sprain of the thoracic spine. Regardless of previous treatment which included oral medication, Lidoderm patches, chiropractic care, physical therapy and work restrictions, the patient continued symptomatic. The patient underwent acupuncture x6 on February 2013. Additional acupuncture x6 was recommended by the PTP on 07-02-13, because "patient had it in the past and said that was helpful". Such request was denied by the UR reviewer on 08-05-13: "no functional deficits documented consistent with an acute flare up...previous acupuncture benefits were not addressed".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture treatments three (3) times a week for two (2) weeks for the thoracic region and bilateral shoulders:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: On 02-20-13 per [REDACTED] notes "a refill for narcotics was received but there was no problem in the patients list to require narcotics. Please screen...." On 02-25-13 the last acupuncture session (6/6) was performed

without major changes reported by the acupuncturist... On 02-26-13 a report from the primary treating physician (PTP) indicated that the patient continues with Lidoderm patches...as she continues to experience pain, a home TENS unit one month trial was recommended. On 07-02-13, additional acupuncture x6 was recommended by the PTP because "patient had it in the past and said that was helpful". The current mandated guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." As previously documented, there is no evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with previous care which is essential to establish the reasonableness and necessity of additional acupuncture. There is no indication that the patient obtained any significant objective benefits (like decrease of pain (Visual Analog Scale), increased endurance, increased body mechanics and ability to perform ADL (activities of daily living), increased ability to perform job-related duties, reduction of pain medication, improved sleep or reduced pain behaviors). Consequently the request for additional acupuncture is not supported for medical necessity.