

<b>Case Number:</b>	CM13-0016894		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 licensed in Chiropractic Care and Acupuncture and is 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 41 year old male who sustained a work related injury on 10/3/2011. His primary diagnoses are right shoulder impingement with adhesive capsulitis and right shoulder/elbow tendinitis, left shoulder impingement. The claimant has had 12 acupuncture visits from February to April 2013. The claimant has less pain overall and reports to have more movement in the neck. However, the left side is more restricted than before. Other changes from the first acupuncture visit to the 12th acupuncture visit include increase in reading tolerance (25 vs. 10), driving (35 vs. 30), and ability to turn neck when driving (moderate vs. quite a bit of difficulty). There was no reduction of medication or any increase in work functions. According to a report dated 8/14/13, current complaints include numbness and tingling of hands, shoulder pain, elbow pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy (6 sessions):** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are not medically necessary based on documented functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Although there was a slight improvement in activities of daily living from the acupuncture trial, it was not clinically significant after 12 visits of acupuncture. With the current documented progress and no other functional gains, 6 more acupuncture visits are not medically necessary.