

<b>Case Number:</b>	CM13-0020477		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Chiropractic Care, and is licensed to practice in Texas. 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 patient is a 41-year-old whose date of injury is September 25, 2012. The patient was standing on a step stool trying to bring down plastic containers when he slipped off the stool and fell to the floor. Initial evaluation dated August 27, 2013 indicates that the patient complains of frequent pain in the cervical spine and intermittent pain in the lumbar spine and right shoulder. MRI of the right wrist dated November 27, 2012 reportedly showed a full thickness incomplete triangular fibrocartilage tear at the radial insertion. Right shoulder MRI is reported to be unremarkable. Diagnoses are listed as cervical discogenic neck pain with radiculopathy; lumbar discogenic back pain with radiculopathy; right shoulder impingement syndrome. The patient was recommended to undergo subacromial steroid injection to the right shoulder, pain management evaluation for epidural steroid injections. The patient's physical examination does not correlate with pain over the triangular fibrocartilage and he does not complain of right wrist pain. No invasive treatment for his right wrist is indicated. The most recent note dated September 11, 2013 indicates that cervical spine pain is controlled with creams, Norco and physical therapy. Lumbar spine pain is controlled with medications and creams. Medications and creams help with right shoulder pain. On physical examination there is muscle spasm of the cervical paraspinal muscles. Apley's and impingement tests are positive at the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 1 X WEEK FOR 8 WEEKS FOR RIGHT SHOULDER AND RIGHT WRIST:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for acupuncture for right shoulder and right wrist is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It appears that the patient has undergone some prior acupuncture; however, the number of sessions completed to date and patient response are unknown. There are no specific, time-limited treatment goals provided. There is no current, detailed physical examination submitted for review. The acupuncture for the right shoulder and right wrist, one per week for eight weeks, is not medically necessary or appropriate.