

<b>Case Number:</b>	CM13-0023844		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	03/25/2004
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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:

The patient reported an injury on 07/01/2002. The mechanism of injury was not stated. The patient is diagnosed with cervical myofascial pain syndrome, bilateral carpal tunnel syndrome, and right shoulder subacromial impingement. The patient was recently seen by [REDACTED] on 08/07/2013. The patient reported right shoulder pain. Physical examination revealed restricted cervical range of motion, slight click to testing of the rotator cuff on the right, and full strength in all groups with the exception of the right deltoid and biceps. Treatment recommendations included additional acupressure treatment twice per month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPRESSURE TWICE/MONTH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state passive therapy can provide short term relief during the early phases of treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The use of active treatment modalities instead of passive treatment is associated with substantially better clinical outcomes. As per the documentation submitted, the patient's physical examination only

revealed slightly restricted cervical range of motion. The patient demonstrated normal range of motion of bilateral shoulders with 5/5 motor strength. Additionally noted, the patient has previously participated in accupressure treatment. However, there is no documentation of objective functional improvement. Based on the clinical information received, the request is non-certified.