

<b>Case Number:</b>	CM13-0024901		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 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 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. 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 62 year old male who was involved in a work related injury on 1/28/2004. His diagnoses are complex regional pain syndrome, right shoulder, adhesive capsulitis, right shoulder rotator cuff tear, chronic pain syndrome, myofascial pain syndrome, and neuropathic pain. A PR-2 dated 8/23/2013 states that the claimant has bilateral shoulder pain, right arm pain, and redness in the right arm. Acupuncture was stated to have helped with the pain and improve the range of motion. Other helpful therapies were cortisone injection, physical therapy, and pain medications. There is no objective documented improvement in range of motion, activities of daily living, or reduction of medication as a result of acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

**Decision rationale:** According to evidence based guidelines, further acupuncture visits after an initial trial are medically necessary based on demonstrated functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a

reduction in work restrictions. The claimant has no documented functional improvement from his acupuncture Final Determination Letter for IMR Case Number [REDACTED] 3 treatments. He has had an initial trial and another approved block of acupuncture visits after the initial trial. He appears to have had at least 13 treatments. Without documented functional improvement, further acupuncture is not medically necessary. The request for additional acupuncture is not medically necessary and appropriate.