

<b>Case Number:</b>	CM13-0037101		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, has a subspecialty in 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 patient is a 55-year-old female with a date of injury of 7/13/2009. According to the acupuncture re-evaluation dated 11/18/2013, the patient complained of low back pain that radiates to bilateral lower extremities. In addition, the patient has neck pain that radiates to the bilateral shoulders. The patient also complains of right lower extremity pain. The pain level is 9/10. The patient reports that the pain is interfering with activity, ambulation, hand function, and sleep. Physical examination revealed slow gait, decrease lumbar range of motion, spinal vertebral tenderness at C5-C7, myofascial tenderness, and tenderness at the right knee. The patient was diagnosed with lumbar radiculopathy, cervical radiculopathy, myalgia, chronic pain, and knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment of the right shoulder (6 sessions - 1 time per week for 6 weeks):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines state that acupuncture may be extended if functional improvement is documented. Records indicate that the patient had prior acupuncture sessions. The records note that the patient reported 5-20% overall improvement post procedure. However, this documentation is not of functional improvement. There was no documentation of functional improvement in the submitted medical records for acupuncture. Therefore, the provider's request for acupuncture once a week for 6 weeks for the right shoulder is not medically necessary at this time.