

<b>Case Number:</b>	CM13-0040323		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is certified in Chiropractic, 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 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 64-year-old female with a date of injury of 11/16/2007. According to the progress report dated 10/14/2013. The patient complained of shoulder, forearm, wrist, neck, and lower back pain. She also complained of difficulty falling asleep due to pain, waking during the night due to pain, difficulty with sexual dysfunction, dizziness, headaches, symptoms of anxiety due to pain or loss of work, depression, and numbness and tingling with pain. In regards to her shoulder pain, the patient describes the pain as throbbing and tingling and rates it at 7/10. The patient experienced limited movement of the right arm with worsening pain upon overhead motion. The pain experienced in the forearm is intermittent on the right with radiation, tender, and tight. The pain is 7/10. The patient's wrist pain is rated at 6/10 with numbness and tingling of the right hand with repetitive use. She noted that the pain feels stiff and tight with prolonged sitting and rated it at 6/10. In regards to her lower back pain, the patient described it as sharp and rated the pain at 6/10. She complained of limited activities due to lower back pain. Significant objective findings include reduced range of motion in the shoulder bilaterally, cervical spine bilaterally with pain, and lumbar spine bilaterally with pain. Positive orthopedic test includes Speed's test bilaterally, bilateral impingement maneuver, Supraspinatus resistance test bilaterally, and Yergason's test bilaterally. The positive orthopedic test in the cervical spine includes foraminal compression test and shoulder depressor test. In the lumbar spine, Minor's sign, Valsalva, Kemp's test, Yeoman's test, and Iliac compression were positive bilaterally. Reflexes for the upper extremities were normal bilaterally. The patient has no loss of sensibility to the C5-C8 dermatome in the bilaterally upper extremities. There was paraspinal tenderness bilaterally in the cervical, thoracic, and lumbar spine. The patient was diagnosed with headache, displacement of the cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc with myelopathy, full thickness tear of the superior margin of the left

subscapularis tendon without retraction, bilateral bicipital tenosynovitis, tendinosis of the bilateral distal anterior supraspinatus tendon, grade 1 anterolisthesis of L4 or L5 secondary to facet arthropathy, right sensorimotor carpal tunnel syndrome, right ulnar nerve entrapment of the forearm, sleep disturbance, and anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guideline states that acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. Records indicate that the patient had completed a trial of acupuncture sessions. The patient noted that acupuncture was helping. However, the provider failed to document functional improvement with acupuncture treatments. Therefore additional acupuncture sessions 2 times a week for 3 weeks are not medically necessary at this time.