

<b>Case Number:</b>	CM13-0054622		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/26/2003
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 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 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 patient is a 50-year-old female with a date of injury of 2/26/2003. According to the progress report dated 10/30/2013, the patient complained of neck, bilateral shoulder, and upper limb pain. The patient reported flare up in the right shoulder and hands. She noted that acupuncture was beneficial for the left shoulder and upper limb in the past. Objective findings include decrease range of motion in the bilateral shoulders by 75% of normal, diffuse SLAP tear of the left shoulder per MRI dated 8/28/2012, tendonitis of the infraspinatus of the right shoulder per MRI dated 8/13/2013. The patient was diagnosed with bilateral upper extremity overuse syndrome, bilateral shoulder pain, left shoulder arthropathy/SLAP tear, bilateral elbow pain, and chronic cervical strain-cervical disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatments to the neck, shoulders, and arms for a flare-up, times 8:** Upheld

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

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

**Decision rationale:** Additional acupuncture for the neck, shoulders, and arms are not medically necessary. The Acupuncture Medical Treatment Guideline states that acupuncture may be may

be extended if functional improvement is documented as defined in section 9792.20(f). There was evidence that the patient had prior acupuncture care. The progress report noted that acupuncture was of benefits to the patient's left shoulder and upper limb. However, there was no documentation of objective functional improvement from past acupuncture care. Therefore, additional acupuncture is not medically necessary.