

<b>Case Number:</b>	CM13-0058898		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/22/11. A utilization review determination dated 10/31/13 recommends non-certification of additional acupuncture. 8/27/13 progress report is mostly illegible. It does identify 7-9/10 pain, positive Phalen's and Tinel's signs, and decreased ROM for what appears to be the shoulder. Acupuncture is recommended along with a pain management consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 2 x 4 right shoulder, right arm, and neck:** Upheld

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

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

**Decision rationale:** Regarding the request for additional acupuncture 2 x 4 right shoulder, right arm, and neck, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." Within the documentation available for review, there is documentation of prior acupuncture, but no

documentation of functional improvement as defined by the CA MTUS. In the absence of such documentation, the currently requested additional acupuncture 2 x 4 right shoulder, right arm, and neck is not medically necessary.