

<b>Case Number:</b>	CM14-0003382		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/31/2003
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented female, employed by [REDACTED] who has filed a claim for an industrial injury to her neck, left shoulder, and upper extremities and now to date the lumbar pain due to repetitive job duties. This incident occurred over eleven years ago on 12/31/03, where she has since had Mumford surgery to her left shoulder, post-operative physical therapy, pain management with opiates and anti-inflammatories, prior acupuncture treatment and lumbar brace. The treating physician/orthopedist noted palpable tenderness, muscle spasms, and restricted range of motion due to the pain and stiffness. The mechanism of injury was not provided. As mentioned just above, she had previous acupuncture treatments, but unfortunately, over the course of almost twelve years, frequency and benefit with reduction of medication or functional improvement is unknown. Before 1/16/13, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. Clinical demonstration of physical rehabilitation or other passive modalities is non-existent. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO TIMES A WK TIMES 3 WKS LEFT SHOULDER LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** As noted in California MTUS, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. The applicant has had prior acupuncture care without any documented real benefit or evidence of functional improvement. Therefore, additional acupuncture therapy is not medically necessary.