

<b>Case Number:</b>	CM14-0009702		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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 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:

Claimant is a 64 year old female who sustained a work related injury on 10/15/2008. The claimant has had extensive acupuncture treatments: 6 in 2009, 12 in 2010, 6 in 2011, 6 in 2012, 6 in 2013. Her diagnoses is shoulder tendonitis. Per a PR-2 dated 1/6/2014, the claimant has a traumatic increase in her right shoulder pain in the last two weeks. Acupuncture has helped her in the past. There is a decrease in shoulder range of motion. The claimant has permanent restrictions but is working. An acupuncture note dated 12/2/2013, 11/27/2013, states that the claimant has less pain and stiffness in the neck and arm and more range of motion. Per a PR-2 dated 9/30/2013, the claimant also had a traumatic increase of right shoulder pain. The examination findings are the same as 1/6/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SIX VISITS, RIGHT SHOULDER.:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had extensive acupuncture; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. Acupuncture notes and Pr-2s are the same from visit to visit and there are no objective functional gains. Therefore further Acupuncture is not medically necessary.