

<b>Case Number:</b>	CM14-0103273		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/21/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Board Certified in Chiropractic & 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 53 year old female who sustained a work related injury on 1/21/2007. Prior treatments included acupuncture, rotator cuff surgery, physical therapy, home exercise program, psychiatric treatment, mediations, and activity adjustments. Per a utilization appeal dated 6/10/2014, the claimant had 14 sessions of acupuncture which did provide temporary significant decrease of pain in both upper extremities in 2011. The claimant noted that it decreased the intensity of pain and increased her function and that there was good improvement in her bilateral shoulder and radicular pain. She has chronic cervicgia, right shoulder region arthralgia, right carpal tunnel syndrome, recurrent myofascial strain that failed to resolve with multimodality conservative treatment. Per a Pr-2 dated 2/4/14, the claimant has chronic neck and shoulder pain with no changes to her condition. Her diagnoses cervical disc displacement without myelopathy, pain in the shoulder joint, status post shoulder arthroscopy, carpal tunnel syndrome, and psychogenic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Six Sessions:** 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:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective improvement. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There is also no documentation of a flare-up of her condition to indicate why further acupuncture would be beneficial at this time. Therefore further acupuncture is not medically necessary.