

<b>Case Number:</b>	CM14-0016555		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and 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 47 year old female who sustained a work related injury on 2/28/2013. The claimant has had 12 acupuncture sessions. Other prior treatment includes physical therapy, chiropractic, oral medication, and extracorporeal shockwave therapy. Per a PR-2 dated 2/20/2014, she has pain in the neck, headache and right shoulder pain. Her diagnoses are myofascial pain, headache, rotator cuff syndrome, cervical radioculitis, cervical disc syndrome, pain in the neck, right shoulder pain, and right shoulder internal derangement. She is on total temporary disability. According to an acupuncture report dated 2/10/2014, in twelve acupuncture sessions she increased her standing tolerance from 1 hr to 2 hrs and walking from 2 hours to 2-3 hours, lifting from 0-4lbs, and sleep from 4-5 to 5 hours. Her pain scale has increased from 4/10 to 8/10. This improvement was not corroborated by the primary treating physician in any submitted report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X WEEK FOR 6 WEEKS FOR THE 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had twelve acupuncture sessions as an initial trial. These were concurrently performed in the same timeframe with chiropractic treatment and extracorporeal shockwave therapy. Individual acupuncture notes largely indicated no change in the claimant's condition, but the final reported improvement. There is no documentation of functional improvement related to acupuncture in the primary treating physician's documentation and the claimant remains off work. Also the claimant's pain level has increased from mild/moderate to severe. It is disturbing that pain levels have increased significantly and may be an indication that another form of treatment may be warranted. Although there were some functional improvement documented by the acupuncturist, the change does not warrant a request of 12 additional visits. A request of 6-8 visits may be warranted to determine if acupuncture is indeed helping the claimant. This should also be accompanied by improvement documented throughout the process and by more than one summary report by the acupuncturist. Therefore, based on guidelines and a review of the submitted documentation, the request for Acupuncture are not medically necessary.