

<b>Case Number:</b>	CM14-0124997		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/09/2007
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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:

The injured worker is a 56 year old female who reported neck, back and bilateral elbow pain from injury sustained on 10/09/07 due to repetitive stress. CT scan of the shoulder revealed enchondroma at right humeral head. MRI of the right scapula revealed edema along the inferior angle/border of the scapula. MRI of the cervical spine revealed C5-6 right lateral disc; osteophyte with moderate right foraminal stenosis with potential nerve root impingement; and multilevel disc degeneration. Patient is diagnosed with joint pain- shoulder and myofascial syndrome. Patient has been treated with medication, physical therapy, acupuncture, TENS and trigger point injection. Per medical notes dated 03/17/14, patient complains of intermittent flares of symptoms in her periscapular region. She has chronic, nagging symptoms in the area of her shoulder blade and underneath her axilla. Per medical notes dated 06/30/14, patient reports trigger point injection helped; however, symptoms returned. She continues to have right latissimus dorsi and periscapular tenderness. She will continue to work on a full-time and full duty basis. Provider is requesting trial of 2X4 acupuncture treatments which was modified to 4 treatments by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS, IN TREATMENT OF UNSPECIFIED BODY PART(S) QUANTITY: 8: Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior Acupuncture treatment; however, it was few years back. The request is for trial of 2X4 acupuncture visits which was modified to 4 visits by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 2X4 Acupuncture visits are not medically necessary.