

<b>Case Number:</b>	CM14-0024546		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Orthopedic Surgery 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 33 year-old female who was reportedly injured on February 11, 2008 and September 10, 2013. The mechanism of injury was not noted in the medical records presented for review. The most recent progress note, dated December 27 2013, indicated there were ongoing complaints of cervical spine and bilateral shoulders and bilateral hands pains. The physical examination demonstrated increased pain with range of motion of both hands. Diagnostic imaging studies were noted to be pending. No results were noted. The injured employee's only treatment to date was noted to be non-steroidal anti-inflammatory medications. A previous request for this intervention was not certified on January 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE; TWO TIMES PER WEEK FOR SIX WEEKS (2X6):** 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:** Based on the limited medical records presented for review, taking into consideration the most current physical examination offered and noting that there was no objectified pathology, there is no clinical indication presented for additional acupuncture

interventions at this time. This lack of clinical information does not provide any medical indication for this intervention. The request is not medically necessary.

**PHYSICAL THERAPY; TWO TIMES PER WEEK FOR SIX WEEKS (2X6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** When considering the date of injury, the reported injury sustained, and given that there was no data presented relative to a comprehensive physical assessment, there is no clinical data reviewed that would support this request. A course of physical therapy and can be supported if there is appropriate information presented, that allow for such intervention. However, based on the records presented and MTUS guidelines noted above, there simply is insufficient clinical data to support this request. As such, this is not medically necessary.