

<b>Case Number:</b>	CM14-0029936		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Board Certified 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:

The injured worker is a 28 year old female who reported pain in her neck with left upper extremity pain and left hip pain from injury sustained on 11/21/2012. According to a medical report dated 06/10/13, the patient slipped on a tomato and landed on her left elbow. She hit her head. She noted pain in her shoulder blade, left elbow and head. Per a medical report dated 06/10/13, X-rays were taken on an unknown date of her left elbow and left shoulder showing no fractures. The patient is diagnosed with cervical strain and left shoulder strain. The patient has been treated with medication, physical therapy and laser therapy. Per medical notes dated 06/10/13, patient complains of persistent neck pain which was worse with repetitive movement, doing housework and laundry. Pain radiates into left shoulder and occasionally into left hand. She also complains of pain in her hip which is on and off and is increased when standing for long periods. The patient's primary treating physician requested 2 visits X4 weeks which was modified to 1X6 per guidelines.

### 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 4 weeks for the Cervical Spine and Left Shoulder/Elbow:**  
Upheld

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

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

**Decision rationale:** Per the MTUS Acupuncture Guidelines, "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". The patient hasn't had any prior Acupuncture treatments. Per the MTUS Guidelines 3-6 treatments are sufficient for initial course of Acupuncture which was authorized by the utilization reviewer. The requested number of visits exceeds the quantity of initial acupuncture visits supported by the MTUS Guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, the request is not medically necessary.