

<b>Case Number:</b>	CM14-0036223		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Acupuncture and is licensed to practice 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 65 female who sustained a work related injury on 5/25/2012. Four acupuncture visits was approved on 2/27/2014. Per a neurological evaluation on 4/22/2014, the claimant is having headaches, pain in the neck, dizziness, weakness, difficulty sleeping, and emotional distress. Per a PR-2 dated 2/17/14, the claimant complains of persistent neck, right shoulder, and upper back pain. Her diagnosis are cervical spine injury, right shoulder impingement, and thoracic spine musculoligamentous injury, depression, deadaches, dizziness, cervical radiculopathy, and insomnia. She is not working. Prior treatment includes cortisone injection, oral medications, physical therapy, exercises, acupuncture, excercies, and medications. MRI shows supraspinatus tendonosis, osteoarthopathy of the acromioclavicular joint, and minimal subacromial bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

**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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past with no discussion of efficacy. Four additional sessions were approved in February 2014 as another trial. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore with no discussion on prior acupuncture efficacy, no further visits are medically necessary. The request is not medically necessary.