

<b>Case Number:</b>	CM14-0039409		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 49 year old female who reported neck and right shoulder pain from injury sustained on 03/24/08 due to cumulative trauma. MRI of the cervical spine revealed small central disc protrusion at C5-6 with mild central canal stenosis. MRI of the right shoulder revealed mild tendinosis of distal supraspinatus tendon. Patient is diagnosed with pain in the joint-shoulder; right acromioclavicular joint arthritis; status post right shoulder arthroscopy; cervical muscle spasm; chronic pain syndrome and hand numbness. Patient has been treated with medication, right shoulder surgery, physical therapy and acupuncture. Per acupuncture progress notes dated 11/04/13, patient complains of shoulder pain rated at 8/10. She sometimes has occipital headaches and right ear pain. Per acupuncture progress notes dated 11/18/14, patient felt better after 1st treatment for 2 days. Today the pain is back with same intensity. Pain is rated at 8/10 but the pain medication helps alleviate the pain. She complains of constant headache. Per medical notes dated 03/04/14, patient is following up for right shoulder pain. She continues to have daily pain in her right shoulder, from her neck down to her hand and numbness from right lateral forearm to middle finger numbness. She also complains of increased pain and swelling in her right palm. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 8 sessions:** 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. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.